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A COMPARATIVE ASSESSMENT OF PROGRAMS DEALING WITH THE HOMELESS POPULATION IN THE UNITED STATES, CANADA, AND BRITAIN

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ABSTRACT

This paper summarizes an examination of programs for homeless individuals and families in the United States, Canada, and Britain. Its primary objective is to describe and compare the strategies and the types of programs which have been developed in the three countries. It suggests that a variety of projects and services, including permanent housing, are required to address the complex and pervasive problems associated with homelessness.

It is argued, moreover, that the definition of homelessness used by the United Nations is applicable to Canada and that our description - statutorily and in practice - should include not only those on the streets and in shelters, but also those, like battered women, who are vulnerable or potentially homeless. It should encompass those who are characterized as "at risk" as well as those who lack security of tenure beyond the next 30 days.

In each of the three countries examined, problems vary from region to region, from city to city, and from neighborhood to neighborhood. Accordingly, locally-devised programs are most appropriate. Yet, because homelessness is also a nationwide problem the federal (or central) government must be involved and must provide sufficient funding on a continuing basis to assure permanent solutions. This is not to say that money should be thrown at the problem in hopes that it will disappear; rather, it must be recognized that the issues associated with homelessness are of such magnitude that long-term programs are essential to achieve any meaningful degree of success. The experience of New York, now spending over a quarter of a billion dollars annually on shelters and welfare hotels, dramatically illustrates the futility of programs limited to emergency shelter. As soon as beds are added, more homeless individuals join the queue.

The problems underlying homelessness represent institutional failures on a massive scale. Much of the homelessness dilemma is a reflection of urban economic development trends. Although not a new problem it has dramatically increased in severity in all three countries since 1980. The traditional response to homelessness, then, requires critical rethinking. Governments and certain charitable organizations have been inclined to do things for the homeless, whereas many of the homeless individuals stress that they are a resource unto themselves. They want to be involved in building their own housing. The concept of cooperative or self-help housing should, then, be fully exploited as it represents a rare congruity among the homeless, liberal advocacy groups, and governments.

A diverse mix of programs, provided or funded by an array of public and private organizations, are required to address the variety of problems which are grouped under the broad heading of homelessness. It is important to broaden the definition of homelessness, not just statutorily, but also with respect to the scope, type and delivery mechanisms of services offered. It must be recognized that homelessness means more than simply the absence of shelter.

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EXECUTIVE SUMMARY

Much of what has been written on the subject of homelessness is strangely repetitive - and limited in scope. The popular press has portrayed the homeless in terms of the dreary, sad, and often frightening experience of those compelled to use emergency night shelters in places like New York City. In a few scholarly and literary journals considerable effort has been expended on analyses of the causes of homelessness and on debates over the numbers of homeless individuals and households in various cities and countries.

This discussion has served to heighten public awareness and has persuaded some government officials that the problems of homelessness cannot be swept under the rug. The objective of this study is different, however; it will examine an area which has been effectively ignored - that is, the identification of public and private programs which have evolved to address the myriad of needs associated with the homeless population.

This paper summarizes an examination of programs for homeless individuals and families in the United States, Canada, and Britain. Its primary objective is to describe and compare the strategies and the types of programs which have been developed in the three countries. It suggests that a variety of projects and services, including permanent housing, are required to address the complex and pervasive problems associated with homelessness.

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In each of the three countries examined, problems vary from region to region, from city to city, and from neighborhood to neighborhood. Accordingly, locally-devised programs are most appropriate. Yet, because homelessness is also a nationwide problem the federal (or central) government must be involved and must provide sufficient funding on a continuing basis to assure permanent solutions. This is not to say that money should be thrown at the problem in hopes that it will disappear; rather, it must be recognized that the issues associated with homelessness are of such magnitude that long-term programs are essential to achieve any meaningful degree of success. The experience of New York, now spending over a quarter of a billion dollars annually on shelters and welfare hotels, dramatically illustrates the futility of programs limited to emergency shelter. As soon as beds are added, more homeless individuals join the queue.

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fully exploited as it represents a rare congruity among the homeless, liberal advocacy groups, and governments.

It is important that we move away from the emphasis on "special need groups." This has two unfortunate consequences: first, public officials tend to limit programs and funding to those with "social needs" such as the physically or mentally disabled; second, when criteria for admission to housing and related programs are predicated upon illness or alcoholism or drug dependency, then individuals tend to adopt the behaviour patterns necessary to get them admitted. Moreover, once admitted, they must remain "ill" because if they recover from their illness or handicap, they are forced to move on. There is no incentive to recover.

A diverse mix of programs, provided or funded by an array of public and private organizations, are required to address the variety of problems which are grouped under the broad heading of homelessness. It is important to broaden the definition of homelessness, not just statutorily, but also with respect to the scope, type and delivery mechanisms of services offered. We must recognize that homelessness means more than simply the absence of shelter.

Among the recommendations of this report are the following:

1. It must be recognized that the problems associated with homelessness are systemic, rather than the result of individual failure or behavioural disorders. Much of the problem in recent years is attributable to economic forces, which have led to high levels of unemployment in certain cities or regions or among certain groups, and to a general lack of affordable housing. Any proposed solution, then, must deal with both of these basic issues.

2. The definition of homelessness must be expanded to include those vulnerable or potentially homeless, including those without security of tenure. Moreover, the "right" to adequate housing, like the right to education and health care, must be universally recognized and accepted in practice.

3. Despite stereotypes to the contrary, those who are homeless now are distinguished mainly by their heterogeneity. They are a reflection of society at large: families, single mothers and children, minorities, runaway youth, and those suffering long-term unemployment. Some, like battered women, are hidden from public view, are particularly vulnerable, and are often ignored or left behind by the system.

4. Accordingly, a <u>range</u> of programs and services is required to deal with the multi-faceted nature of this dilemma. Beyond the obvious need for permanent housing, these programs should include advocacy and information centres, job training and counselling, education, a variety of health schemes, and outreach projects to ensure that homeless people are provided with access to health care and community services.

5. Permanent, affordable housing must be a basic building block of any proposed solution. Dwellings must also be livable, secure with respect to privacy and tenure, with at least a measure of tenant management. This requires assistance from all levels of government.

(a) There must be significant federal involvement on a continuing basis in funding demonstration projects, in the subsidization of operating projects and programs, and in research -- particularly into means of <u>preventing</u> homelessness.

(b) Provincial governments must assume a more active role in the creation of innovative programs (e.g. Project 3000) and in providing support and funding for municipal and non-profit programs.

(c) Municipal governments must assume a major role in devising and carrying out local public programs and joint public/private projects. Local agencies can also greatly assist the process of providing affordable housing by, for instance, instituting "one-stop application processing" or taking other steps to break processing log-jams.

(d) All units of government can assume a greater role in providing vacant or underutilized public properties and institutions for housing the homeless.

6. A related concern is the preservation of affordable rental housing and the protection of tenant rights as well as security of tenure. The application of "just cause" eviction ordinances, for example, can be required by local governments (as they have been in Washington, D.C.) to safeguard tenant rights. In addition, temporary assistance should be provided to renters and homeowners experiencing short-term crises, in order to avoid eviction. Such intervention is far more humane - and less costly in economic and social terms - than waiting for homelessness to occur before interceding. Municipal governments, in particular, have an obligation to preserve SROs, rooming houses, and other low-cost housing. Local government should also ensure, in cooperation with the voluntary sector, that group homes and other appropriate accommodations are provided for those now forced to use emergency shelters.

7. There is also a significant role for the not-for-profit sector. Often referred to as the third sector, or non-government organizations (NGOs), these groups are extending their activities to include the development and management of permanent housing alternatives. The needs of the homeless have to be addressed in part by this sector because public housing and conventional market housing are not reaching many of the homeless or potentially homeless. Government must assist the NGOs with financial support.

8. Government should induce the participation of the private sector with legislation which permits development of housing with such devices or incentives as mortgage-backed securities. In general, more attention should be given, by public and private sectors, to innovative joint programs (like Cityhome's mixed-income public and private partnerships in Toronto) which facilitate development of affordable housing.

9. Too much is done "to" or "for" the homeless. Many homeless people see themselves as a valuable resource group, willing and able to participate in the design, planning, and even construction of their own housing. They should be allowed, in a supportive environment, to determine their own future.

10. There is no panacea to the issue of homelessness. Those searching for a quick fix will be disappointed. Agencies involved in the provision and funding of housing and social services must make a long-term commitment to alleviate homelessness.

11. In summary, programs should be locally devised, population specific, usually small in scale, designed and managed by residents where possible, and assisted by specialized or professionally trained staff rather than relying solely on volunteers. For some homeless people housing programs alone will suffice. Many, however, have multiple problems and housing should be linked with education, training and counselling programs as well as with health and community services which are available to homeless individuals if they choose to make use of them.

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"You cannot disregard them if you accept the civilization that produced them." George Orwell, The Road to Wigan Pier

Much of what has been written on the subject of homelessness is strangely repetitive - and limited in scope. The popular press has portrayed the homeless in terms of the dreary, sad, and often frightening experience of those compelled to use emergency night shelters in places like New York City. In a few scholarly and literary journals considerable effort has been expended on analyses of the causes of homelessness and on debates over the numbers of homeless individuals and households in various cities and countries.

This discussion has served to heighten public awareness and has persuaded some government officials that the problems of homelessness cannot be swept under the rug. The objective of this study is different, however; it will examine an area which has been effectively ignored - that is, the identification of public and private programs which have evolved to address the myriad of needs associated with the homeless population. It represents a direct response to the challenge issued by Robert Hayes of the Coalition for the Homeless: he argues that "the numbers are transparently political...More time should be spent on trying to figure out what to do to resolve the homeless crisis, and less on arguing about the numbers."

This paper summarizes an examination of programs for homeless individuals and families in the United States, Canada, and Britain. Its primary objective is to describe and compare the strategies and the types of programs which have been developed in the three countries. It suggests that a variety of projects and services, including permanent housing, are required to address the complex and pervasive problems associated with homelessness.

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The United Nations' definition of homelessness includes a) those who have no homes - street people as well as the victims of fire and other crises, and b) those whose dwelling units do not meet U.N. standards. These measures include adequate protection from the elements, access to safe water and sanitation, secure tenure and personal safety, affordability, and accessibility to employment, education, and health care.

The causes of homelessness are similar in all three countries:

- acute lack of affordable housing;
- public spending cuts in housing and public assistance programs;
- decline in the private rental sector and in housing condition;
- loss of single room occupancy units (SROs);
- increasing unemployment;
- a widening rift between "haves" and "have-nots";
- declining average wage levels relative to housing costs;
- demographic changes, leading to an increase in the number of households and greater demands on the existing housing stock;
- a continuing movement toward deinstitutionalization without a corresponding increase in community care facilities to attend to both physical and mental health needs.

THE UNITED STATES

Because the extent of homelessness in major urban centres is so appalling, there has been an understandable concentration in American cities on emergency shelters and crisis intervention. Consider the situation in New York. The city now has about 30,000 people - including 12,500 children - in shelters. This does not include an unknown number "sleeping rough," living on the street, or incarcerated in jails and various institutions. The common thread to the cases of homelessness in New York is poverty, as well as a severe shortage of affordable accommodation, and a tendency for minorities to bear the brunt of the problem. About 90% of the homeless families in New York City are black or Hispanic. New York, as described by Time (November 30, 1987) "is like the wedding cake in a bakery window: an exquisite excess of spun sugar covering a cardboard core ... where the megarich in stretch limousines look away from the 1.8 million living in poverty."

Each year, the number of homeless in the city increases. The thrust of public and private efforts has been to warehouse families in shelters, while single individuals are compelled to shift for themselves. They often end up spending the night in the city's 1,200-bed armory or similar emergency centres. The municipal government now spends $250 million annually - up from $18 million in 1980 - on shelters, on grotesquely expensive "welfare hotels," and on short-term lodgings for the homeless.

Meanwhile, the supply of affordable housing in New York City has dwindled and rents are skyrocketing. In the decade between 1971-1981, 30,000 dwellings were abandoned and countless others were gentrified. During the same period,

with government acquiescence, the city lost 90% of its SROs. New York's situation is particularly dramatic, but the dilemmas of homelessness plague most cities, large and small, across America.

The issue is not one of beds, although a number of organizations (including Congress and The White House) have focussed on the shortage of shelter cots (American Planning Association, 1987). Debates over the number and size of these anachronistic institutions miss the salient point that shelters - which are essentially latter-day lodging houses for the poor - are not an appropriate solution; they address only part of a multi-dimensional puzzle. Moreover, if shelters help to perpetuate the revolving door syndrome of "deinstitutionalization-sleeping rough-reinstitutionalization," they may well be counter-productive in the long run.

This limited focus begs the question of long-term solutions and appears to emanate from a perception of the homeless as needing - solely or primarily - emergency shelter, associated detoxification and minimal social services. In reality, for many the principal requirements are for a home, either immediately or after going through transitional phases, and for adequate health care.

What, then, has been the response of the federal government? Former theology student David Stockman set the tone for the Reagan Administration:

> "I don't think people are entitled to services," he testified. "I don't believe that there is any entitlement, any basic right to legal services or any other kind of services...I don't accept that equality is a moral principle."

As soup kitchens proliferated, attracting considerable media attention, federal officials like Edwin Meese questioned the authenticity of the so-called "new homeless." Chiding them for cadging free meals at missions and shelters, he queried whether they were deserving of such hand-outs.

Some in the Administration followed the Orwellian strategy of minimizing problems by decreeing that reality conforms with its fantasies. The infamous HUD study of 1984, for example, found that there were only 250,000 to 350,000 homeless people in the entire country, while private groups, the U.S. Conference of Mayors, and even other government agencies (DHHS) estimated that the total exceeded 2 million. As the debate raged, HUD quietly lobbied behind the scenes to scuttle a proposed appropriation for emergency shelters.

Still other spokesmen for the Reagan Administration attributed the problems of homelessness and severe overcrowding - which were now becoming difficult to ignore or conceal - to ethnicity. Philip Abrams of HUD provided the following analysis: doubling up, he explained, "is characteristic of Hispanic communities, irrelevant to their social and economic conditions...It is a cultural preference, I am told."

This incident was followed by the sordid affair of the Department of Defense shelter project. Congress initially budgeted $8 million for a plan to make military facilities and services available to the homeless. The military's lack of enthusiasm was painfully apparent. In the end no substantive program was put in place.[2]

The response of local governments in the United States has varied from utter neglect to real concern. A few cities, notably Washington and New York, are now required by local legislation or court orders to offer shelter to those who lack the means to provide for themselves. In general, there has evolved a growing awareness that homelessness is a nationwide concern - no large city or region is exempt. In fact, homeless individuals are now common in some rural areas as well. The United States Conference of Mayors' Task Force on Hunger

and Homelessness has surveyed 29 cities for the past few years to discern trends and to focus attention on the subject. In December 1986 they reported:

> "By far, the most significant change in the cities' homeless population has been in the number of families with children ... In 72 percent of the cities, families comprise the largest group for whom emergency shelter and other needed services are particularly lacking ... Well over two-thirds of the homeless families are headed by a single parent."

Six months later, the Task Force survey found that: "The number of families requesting emergency shelter during the last two years increased by an average of 31 percent" (U.S. Conference of Mayors, 1987).

The relative positions of the different levels of government have also been more or less predictable. Jurisdictional wrangling is apparent among federal, state and local bureaucrats and politicians. Officials in Washington contend that homelessness is a local problem. State and local governments have attempted without success to induce federal participation in joint efforts to address issues of homelessness and housing supply.

The Reagan Administration, however, argues that both of these concerns are really matters of housing affordability which can be resolved by their "free market" experiment with housing vouchers.[3] To-date $200 million has been allocated for this program. This strategy, however, presupposes an adequate supply of low-income housing stock. As the New York City case demonstrates, a central difficulty in major urban areas has been the drastic decline of affordable units as a result of drastic reductions in subsidies, staggering increases in rents (at roughly twice the level of growth in wages), and loss of low-income units due to fire, demolition, conversion, or gentrification. Meanwhile, cutbacks on public housing continue and the length of the queue for public units is now a shocking 17 years in New York and 20 years in Miami.

The General Accounting Office (1985) blandly characterized the government's passive posture in this fashion: "In summary, homelessness is likely to remain a problem for several years. What the federal role will be in providing services to homeless individuals is, however, unresolved" (U.S. General Accounting Office, 1985).

The federal position was forthrightly expressed by HUD in its recent Directory of Official U.S. IYSH Projects. The agency's goal, in selecting award-winning projects, was "to identify exemplary local activities that explore new ways and means of improving the shelter and neighbourhoods of low-income families through use of local initiatives that involve the private sector." Not surprisingly, the projects chosen emphasize emergency shelters and short-term services by private agencies and local government (U.S. Department of Housing and Urban Development, 1987).

The experience of the United States demonstrates that, to-date at least, it has been necessary to rely on private funding to create innovative programs. In fact, many planners and housing reformers concerned with homelessness have abandoned hope of involving the federal government in a substantial way. Nevertheless, it is essential that continuing efforts be made to actively involve federal, state, and local governments (as well as the private and voluntary sectors) in dealing with an issue of national importance. An awareness is gradually evolving of the need for permanent housing and related solutions in place of emergency shelters. But, in most parts of the country, this recognition has not yet been translated into actual programs.

Two recent federal initiatives do offer some hope, however. First, the National Institute of Mental Health and the Alcohol, Drug Abuse and Mental Health Administration have funded CHAMP (a Clearinghouse on Homelessness Among

Mentally Ill People). Second, a major piece of legislation, the Stewart B. McKinney Homeless Relief Act, was passed by Congress in 1987. It authorises $442.7 million in fiscal year 1987 and $616 million the following year for housing, health, community service and education, as well as nutrition programs for the homeless. Included are funds for drug and alcohol abuse treatment, community mental health demonstrations, and outreach services. The education component includes remedial and job skills training, literacy classes, and counselling for homeless people, including children. Nutrition funds are being directed to the emergency distribution of surplus food (e.g. flour, cheese and cornmeal) to the poor, including homeless persons.

THE HOMELESS IN CANADA

In comparison with Britain and the United States, the numbers of people in Canada who are literally homeless are not terribly high. Moreover, the safety net of health, welfare, and social services is significantly more refined and extensive than in America. Accordingly, most public sector agencies have not felt a compelling need to develop innovative programs to assist the homeless. The national housing agency (Canada Mortgage and Housing Corporation) is directly involved in programs aimed at provision of low cost housing. CMHC also provides funding to the provincial and municipal levels. Most provincial and city governments are just now awakening to the fact that there is a growing homelessness problem which has substantial ramifications for public policy with respect to housing, health, and community services.

Perhaps the most striking characteristic of homelessness in Canada is the dramatic variation among cities. Certain regions are economically depressed and have witnessed increasing numbers of homeless as a result of recessions in

the past decade. This phenomenon is particularly evident in Atlantic Canada and in a few western cities. Other parts of the country, notably southern Ontario, enjoy a buoyant economy which is responsible for the creation of most of Canada's new jobs. The converse of this situation is that the Toronto region has attracted thousands of unemployed individuals, hopeful of finding work. Extreme overcrowding has occurred, as a result, in the midst of a booming real estate market. Toronto's vacancy rate is nil; the city lost more than 10,000 units over the last decade to condominium conversion and gentrification; in the past year, real estate prices skyrocketed by over 30%, so that the average selling price now is in excess of $185,000. In the meantime, Toronto's 2500 hostel beds were occupied by 14,000 people in 1986 (City of Toronto, 1984, 1987).

THE BRITISH EXPERIENCE WITH HOMELESSNESS

The British have publicly acknowledged and - albeit reluctantly - dealt with the issue of homelessness much longer than North Americans. Since 1948 local authorities have been obliged to provide temporary accommodation for "persons who are in urgent need thereof." (National Assistance Act of 1948). Nevertheless, the number of homeless households increased during the 1950s, as a result of slum clearance and highway building projects, and continued throughout the property development boom of the 1960s.

The provision of accommodation and services for these families varied dramatically from place to place. Much depended upon the political will of the local authority and upon the relationship between the homeless household and their social worker. Some councils resorted to travel vouchers to induce needy people to leave their jurisdictions. Others, starting with London

boroughs in 1971, began to use bed-and-breakfast accommodations (BBA) for temporary lodging of homeless families. By the end of 1976 there were 1,500 households in these BBA, at an annual cost of more than one million pounds. Meanwhile, voluntary organizations were pressuring government for legislation which would clearly define the responsibilities of local authorities for accommodating both homeless singles and families.

The Housing (Homeless Persons) Act which passed in 1977 broadened the scope of local authorities' responsibilities. It defined homeless persons as "those without accommodation they were entitled to occupy," and specifically included those (like battered wives) who were "threatened" with homelessness. As a result of dilutions and amendments, however, the law excluded most of the single homeless as well as those whom local officials deemed to have made themselves intentionally homeless (by failing to pay rent, for example). Priority groups were defined: they include families with dependent children, pregnant women, those made homeless by fire or some other emergency, and those who are vulnerable through old age or mental or physical disability. The local authority is obliged to offer temporary refuge to high priority households while the facts of the case are investigated. If judged to be a genuine case of homelessness, the family is entitled to council housing.

From its inception, the Homeless Persons Act has been subject to widely different interpretations by councils. Some, for example, regard any cases involving family disputes or rent arrears - among the two principal reasons for homelessness - as outside the scope of the law because they represent evidence of "intentional" homelessness. Ironically, one's chances of being rehoused under the Act depend more upon the community where one became homeless than upon the circumstances or reasons for one's plight.

The response of central government to the worsening lot of the homeless has been to claim that there is little which can be done. The Department of Environment believes that "homelessness is not a new phenomenon." The increase in homeless families is acknowledged but the reasons are found in "profound changes in the nature of our society," including Europe's second highest divorce rate, a dramatic increase in illegitimate births - from 6% in 1961 to 17% in 1981 - and youth mobility: "Young people are leaving home earlier and with higher, if not always more realistic, expectations about what they might expect by way of housing."

DOE believes that there is only so much that government can do:

> "Because of these long term social problems and the fact that homelessness is to a very large extent a symptom rather than a cause, the scope for Government action is limited." (DOE, 1987)

Government's solution is to combine public and private finance to make funds go further, "to ensure that the fullest use is made of all existing dwellings," and to press for housing improvements and greater efficiency in housing management by local authorities and the private sector.

Despite this laissez-faire attitude, an impressive array of innovative and comprehensive programs has evolved in cities throughout Britain. A number of local authorities, both Labour and Tory-controlled, have taken an activist role in creating programs to house the homeless. But the most interesting projects have been developed by private organizations in the not-for-profit sector, with a combination of public and private funds.

In the U.K. there are many organizations involved with some aspect of homelessness; this is a double-edged sword. A certain amount of stumbling about is apparent, as agencies with a vested interest in the homelessness enigma vie with one another to serve the same community. On the other hand,

and much more important in the long run, there are a variety of organizations and initiatives with specific briefs, equipped by dint of experience and motivation, to deal with a number of different aspects of homelessness. This emanates from an understanding that the dilemmas of homelessness are multi-dimensional, they are deep-seated and the problems are not the same - nor are the solutions - for all segments of the homeless population. "The homeless" are actually a heterogeneous array of individuals and families with a diversity of housing, health, employment and related concerns. Hence, an array of programs is required to address these needs.

An awareness is evolving that long-term solutions are required to deal with homelessness and related housing and health issues; short-term or band-aid fixes are considered passé. In recent years, most government shelters have been closed. There is less emphasis on shelters or hostels than on community-based shared housing and a variety of "staged" accommodation to provide the homeless with a series of appropriate housing alternatives as they move from homelessness to resettlement within the community. Moreover, there is less emphasis on housing-only solutions (e.g. hostels) than on multi-faceted housing, education, employment, and health schemes; these address a number of needs and provide a multiplicity of support mechanisms for those attempting to move from tenuous living arrangements to a more secure place in society.

HEALTH PROBLEMS ASSOCIATED WITH HOMELESSNESS

Before describing projects which deal with homelessness, it is necessary to ascertain the nature of health concerns directly associated with the condition of homelessness. It is well known among community workers and some health professionals that homeless persons have difficulty obtaining access to

adequate health services. As a result, they suffer from a number of serious ailments:

- cold injury: in Canada, the northern United States, and Britain, homeless people are vulnerable to hypothermia and frostbite because they are "sleeping rough" or because they lack adequate housing, clothing and footwear.
- cardio-respiratory diseases: As many as 40% of the homeless suffer from such chronic physical illnesses as coronary artery disease, high blood pressure, or emphysema. These conditions are exacerbated if, because many homeless persons are constantly on the move, they cannot receive regular medical care.
- tuberculosis: Toronto health officials have recently publicized evidence of a high incidence of TB among homeless individuals (Toronto, 1987, p.6). Similar results have been reported in American cities (Brickner, 1985, p.151).
- skin diseases: homeless people are predisposed to skin problems resulting from malnourishment, ill-fitting shoes, cuts, and dirty clothing. Many sleep in shelters, rooming houses or SROs where they are not permitted to wash their clothes.
- nutritional deficiencies: malnourishment, which is a fact of life for the homeless, places them "at risk" in terms of infectious diseases and intestinal disorders. Respiratory illnesses are also common among adults and children, and have come to be known as the "shelter syndrome."

A recent study of men attending a soup kitchen in Birmingham, Alabama found evidence of nutrient deficiency in 94% of the subjects. Persons lacking these nutrients suffer from weakness, fatigue, depression and other emotional disturbances. Moreover, the nutrients of greatest concern (vitamin C, thiamin, and folate) were not even present in the soup kitchen diet. Such facilities

often lack adequate refrigeration and do not have a regular supply of fresh fruits and vegetables (Laven and Brown, 1985).

- sleep deprivation: for those who are housed in shelters, sleeping is difficult; the atmosphere is noisy and chaotic. The resulting sleep disorders often cause irritability, apathy, or behavioural impairment. For children, moreover, it means that they will almost certainly have emotional difficulties and/or will be unable to work effectively at school.

- deinstitutionalization: A principal actor in deinstitutionalization, which exacerbated homelessness, has been government. In the United States the President's Commission on Mental Health (President's Commission, 1978) called for government to address these issues through a national mental health policy. The response of the National Institute of Mental Health was to develop the Community Support Program designed "to provide services for one particularly vulnerable population - adult psychiatric patients whose disabilities are severe and persistent but for whom long-term skilled or semi-skilled nursing care is inappropriate." A recognition is developing, as a result of this and other initiatives, that the chronic mentally ill cannot be ignored - that they represent a crucial social welfare issue. The common tendency to label problems as "mental" has often been used to avoid having to deal with basic social dilemmas (Dear and Wolch, 1987). This issue must be confronted directly. A community support system includes health and mental health services but also recognizes entitlement programs, income supports, housing, transportation and related services (Goldman and Morrissey, 1985, p.729).

- mental health and homelessness: The link between homelessness and mental health has been the subject of numerous research and epidemiological studies -

but the results are mixed (Lamb, 1984). The New York Office of Mental Health found that fewer than 25% of men in emergency shelters required psychiatric services (New York, 1982) while Bassuk's study in Boston concluded that 90% of shelter residents had diagnosable mental illnesses (Bassuk, 1984). Arce and Vergare, moreover, indicated that "in most universes of homeless people, between 25 and 50% have serious and chronic forms of mental illness" (Arce and Vergare, 1984, p.88). In a 1987 study, Bean, Stefl and Howe concluded that the overlap between homelessness and mental illness remains "a tangled web" of confusion among mental disorders and social conditions (Bean, Stefl and Howe, 1987, p.415). In short, mental illness may be the cause of homelessness but it may also be the result. Many of the characteristics of the mentally ill are also common in homeless populations - namely, they are poor, many are members of minority groups, they have been disenfranchised and lack social support. The picture, then, is muddled. But it is safe to say that about one-third of the homeless require psychiatric help; this service must be part of a larger network of social supports and community services.

Once deinstitutionalized, and without adequate support services, these individuals are effectively adrift in a sea of confusion. They are unable to compete for scarce jobs or housing and are at considerable risk of becoming victims of theft, violence or sexual exploitation. For most, this depressing situation exacerbates their insecurity or illness and induces chronic stress. Many make the endless rounds of shelters and emergency facilities in revolving door fashion, until they are re-admitted to an institution. This endemic stress is in part a consequence of the extreme crowding, insecurity, and lack of privacy in emergency shelters. It does not help one's sense of equanimity or self esteem to be surrounded by a bedlam of depressed, ill and violent

people. Nor does it help to be turfed out each morning, regardless of weather, ostensibly to search for accommodation or employment.

- AIDS: In recent months the spectre of AIDS has been added to this litany of ills besetting the homeless. Because many homeless are drug users, and a significant proportion engage in homosexual sex to earn money for survival, they are particularly susceptible to AIDS. A number of health professionals in cities like New York, San Francisco, and Toronto believe that this illness could soon reach epidemic proportions among the homeless.

Several organizations exist to support AIDS sufferers: Toronto, for example, has the AIDS Committee, the Persons With AIDS Foundation, the Casey House (a hospice for AIDS patients), an AIDS drop-in centre, the Hemophilia Foundation, and outreach programs in the schools.

But public education remains a significant obstacle. "With almost every individual who has AIDS," according to a specialist at the Toronto Hospital for Sick Children, "there is a horror story about being shunned by friends, families and lovers, about losing jobs, about being evicted from apartments." The AIDS caseload is doubling every four months. There are now more than 40,000 reported cases in North America. AIDS victims usually die within 10 months of diagnosis and rarely live longer than 3 years. The high incidence groups include homosexual or bisexual men, hemophiliacs, drug users, Africans and Haitians.

- access to services: It is now generally acknowledged that poor people in general, and the homeless in particular, have difficulty in obtaining access to adequate care. Their health, as a result, suffers. In November 1987 the Canadian Health and Welfare Minister recognized that "we don't have equity in terms of healthfulness" between rich and poor (Breckenridge, 1987).

In Toronto there is considerable concern about the poor health of the homeless. Recently the city's board of health provided funds to continue the work of Streethealth, an informal nursing service, that operates from a downtown shelter to give care and to provide access to hospitals for homeless individuals.

Similar concerns about inequality have been voiced in Britain, particularly in the wake of the Black Report (1980), which measured health trends by comparing mortality risk in three segments of the population (Black Report, 1980). An example of a recent study was one conducted in Bristol, which concluded that poor health is significantly correlated with deprivation (Townsend, Simpson, and Tibbs, 1985, p.662).

One indicator of the degree of commitment to health care for all is the extent of public expenditures in this field. Government funding represents 92% of all health spending in the U.K., 75% in Canada, but only 42.7% in the U.S. (1975 figures). In 1982 health expenditures by government represented 5.9% (of all public spending) in Canada, 5% in Britain, and 4.5% in the United States (Navarro, 1985).

EXEMPLARY PROJECTS

While most agree on the need for immediate food, clothing and shelter provision, there is no consensus about long-term solutions. Too little attention has been given to creative program development. In an attempt to address this deficiency, the following is a brief description of a number of projects which have been successfully initiated in Britain, the United States and Canada to address various aspects of the homelessness issue.

Advocacy and Information Projects: In order to overcome their lack of power within the system, it is essential for the homeless and potentially homeless to have access to information about relevant services. In the interest of self-preservation, homeless persons must know whom to deal with and how to manipulate the housing, health and welfare bureaucracies in order to secure their entitlements. Housing aid centres, located in all major British cities, provide these essential advocacy and information services. Principal among a plethora of small organizations is SHAC (The London Housing Aid Centre). It offers advice and assistance to the homeless, and helps to focus national attention on housing and related issues by lobbying central and local governments, by conducting research, and by publishing its findings. Each year SHAC deals with 6000 inquiries and takes on 1650 cases; of these, 30% - though previously rejected for public housing aid - are eventually accepted by local councils as a result of SHAC's intervention. In the case of elderly persons, almost half are ultimately accepted by the boroughs following SHAC's appeals (Conway and Kemp, 1985).

Other groups, like MIND, the National Institute of Mental Health Housing Unit, perform similar advocacy functions on behalf of people with mental illness. MIND's principal method is to provide assistance and training programs to agencies managing or developing accommodation; this advice relates to finance, legislation, support services, resident selection, space layout, and residents' rights. In 1987 MIND launched a campaign - "A Better Life" - for local mental health care. Its manifesto calls for action from government, from the voluntary sector, and from service users to recognize that mental illness should not be a barrier to the enjoyment of the full rights and responsibilities of citizenship. Staff members are particularly concerned with

people who have been, or are soon to be, deinstitutionalized without proper housing and community supports. Too often hospital closures are not matched by the creation of adequate community care facilities. Instead people are shunted off to nursing and boarding homes. Through advocacy and education, MIND hopes to change this pattern (MIND, 1987).

Education Programs: Since 1981 the Housing Support Team, working in London, has been operating training programs for homeless individuals about to move from DHSS resettlement units or hostels into conventional housing. Recently, it expanded these programs to include staff members within the referral and other service agencies to enable them to provide more effective advice for people preparing to be rehoused. During the past year over 300 people completed training, usually a three-day course, which covered the following: DHSS procedures and benefits; budgeting, banking and saving; establishing links with a new community; and setting up housekeeping. The underlying principle for these efforts is to involve homeless individuals in shaping their own futures (Housing Support Team, 1987).

Permanent Housing: It is generally agreed that one of the basic needs of homeless persons is for secure accommodation. Moreover, it is important for people to have a stake in the planning, design, rehabilitation and/or management of their own housing. The following three projects have been pursuing such goals.

The Empty Property Unit, based in London, is a national, independently-funded project, which brings vacant houses back into use. By the end of 1987 approximately 16,000 dwellings had been reactivated by self-help and short-life housing associations, which provide a legal mechanism for the use of units that have been "borrowed" from their owners for one to five years. Owners are

typically local authorities and large organizations like British Rail. Properties are licensed or leased to housing associations or cooperatives which are responsible for rent collection and management. This scheme has proven effective in housing the homeless; it is very popular with local authorities who save money on B & B expenses and, at the same time, are able to delegate responsibility for maintenance and heating of their vacant council houses (Fraser, 1986).

A different concept has evolved in Toronto, where rooming houses have virtually disappeared in the face of a booming real estate market. Homes First Society, a non-profit developer with charitable status, created a new 11-storey, 77-unit "rooming house in the sky" in the heart of the city's downtown. The building has 17 self-contained apartments, each with 4 or 5 single bedrooms, as well as shared kitchen, dining and living rooms. Each apartment is run as a separate household with its own ground rules. Each floor has a different key and is accessible only by the elevator from ground level. Funding is provided by the national housing agency, and operating subsidies are offered by the provincial government so that residents pay only 25% of their incomes for rent. Most residents pay $65 to $80 monthly rent as a result of a "deep subsidy" program. Homes First, located close to Toronto's "skid row," is linked with various community service providers so that residents have reasonably easy access to transportation, health services, employment sources, and community facilities.

Another project in downtown Toronto, the Fred Victor Mission, has been operating temporary lodging for single males for many years. Recently, after a protracted self-examination, the mission determined that, because most men had nowhere else to go, they have become virtual permanent residents.

Accordingly, construction has begun on a permanent housing facility for its clients. This marks a major departure from the traditional mission and shelter model which has been the mainstay of Canadian skid rows for decades (Housing Networking Project, 1987).

Self-Help Housing: John Turner, Walter Segal and others in Britain have been advocating self-built housing and community architecture for some time. Tangible evidence of the viability of this concept is available in the form of 14 houses in Lambeth which were built by residents under the sponsorship of IYSH and the Walter Segal Trust (IYSH, 1987).

A rural self-built project has been built in Nova Scotia's Annapolis Valley, which has many extremely poor farm families who are not covered by minimum wage legislation. They live in small settlements in the mountains on either side of the valley: social problems in the form of illiteracy, deprivation, overcrowding, ill health, and abuse are evident. In part, these problems are attributable to grossly inadequate housing. Typical structures are little more than shanties constructed of "found" materials. Many families live in converted school buses or trucks. Hearth Homes, a project of local residents, provides workshops on budgeting and maintenance, and has secured financing from the provincial government. As a result, 53 farm families have built their own homes. Units are wooden structures, built in 22' by 26' modules with water wells and self-contained septic systems; they rent for $350 per month. Residents will eventually be able to buy their own dwellings and will receive credit for previous rental payments.

A number of similar ventures have been undertaken in poor areas of the United States. One of these, the Kentucky Mountain Development Corporation,

serves as a vehicle for self-building of homes by farmers in the mountains of Appalachia.

Programs for Women: In general, there has not been a great deal of attention given to the particular needs of homeless and potentially homeless women. Often referred to as the "new homeless" or the "hidden homeless," they suffer from stress and other health problems as a result of being forced to live in abuseful situations, or from having to move from one insecure accommodation to another. Housing choices for single women are particularly limited. They tend to be living on low incomes and cannot afford to buy a home or to rent one in the private sector. In Britain, female one-parent families represent a significant proportion of those homeless households which are placed in bed-and-breakfast accommodations. Because traditional hostels were typically limited to men, women's shelters are few in number; the ten largest in London, for example, are for men only.

Recently, a number of women's groups have been formed to assist those who are without homes or are at risk of becoming homeless. Some of the more progressive London boroughs (e.g. Camden and Greenwich) have formed Women's Units to provide assistance in securing housing, health care, benefits or counselling. Other local authorities have produced lists of women's shelters and information handbooks describing how and where to find help in locating shelter and obtaining health care and other services. A few private initiatives, like Homeless Action and Accommodation in London and Welsh Women's Aid in Cardiff, have been established. Some provide advice and counselling. Others run refuges for battered women and their children. In general, however, a great deal remains to be done in Britain to properly address the issue of homeless and potentially homeless women.

In the United States and Canada more attention has been given to this situation. Most large cities now have hostels for battered women and many also have started to create transitional or second-stage housing which is integrated with health and community services. Prominent examples are the House of Ruth in Washington D.C., the Women's Institute for Housing and Economic Development in Boston, Transitional Housing for Battered Women in Austin, Texas, Mavis' Place in Vancouver, and several homes in Halifax, Nova Scotia which are operated by the Association for Women's Residential Facilities (AWRF). AWRF has been designated to produce 15 units of transitional housing as part of the Metro Halifax Demonstration Project (a joint CMHC, provincial and municipal undertaking). Public funds account for 50% of the total cost of $500,000; the remainder is being raised from foundations and private sources. The project will be a variation of shared housing, with 400 square foot private rooms as well as common areas for meeting and socializing. Rents are set on a sliding scale according to income, although it is anticipated that most residents will be on social assistance. They may stay for 6 months to a year, during which time support services will be available on call 24 hours a day.

Programs for Youth: Covenant House, a non-profit child-care agency specializing in the care of runaways, urban nomads and street kids, is located in several North American cities (including Toronto, New York and Fort Lauderdale). These houses provide shelter, food, clothing, and a supportive environment for the "throwaway kids" of our society. The doors of Covenant House are open to anyone under the age of twenty-one who needs help. Most of these young people are on the street because they have no alternative. Virtually all suffer from some health problem, are subjected to chronic stress, and are frequently exposed to life-threatening situations. A substantial

percentage of both boys and girls are the victims of sexual abuse. Others are escaping intolerable domestic situations. Many have simply been turfed out by parents who no longer have room for them. Whatever the precipitating factor, most of the youths (of both sexes) who eventually enter Covenant House have been obliged to sell their bodies in order to survive in the city. Most are also involved in drug abuse or drug trafficking. One of the projects undertaken by Covenant House is a mobile health service to find and give support to young people on the streets. A van operates every night, all night, to help these youngsters find accommodation and to connect them with health and community service networks (Ritter, 1987).

In the predominantly black area of Birmingham, England, the Handsworth Young Persons' Accommodation Committee was started in 1981 to provide interim housing for single homeless black offenders (ages 17 to 25) who were assigned to the law courts or were being discharged from penal institutions. HYPAC is predicated upon the assumption that black youths in the deprived inner city areas of Birmingham - which have double or triple the national unemployment rates - encounter more than housing difficulties. The organization represents young people with community agencies, acts as a go-between with the parole service, and helps to ensure that clients are provided with proper access to the health and welfare bureaucracies.

In London a number of innovative projects have been developed by the voluntary sector to deal with homeless young people (Saunders, 1986). These include the Hungerford Drug Project which is a street-based agency conducting outreach work and counselling with young drug users. A similar undertaking is the Kaleidoscope Youth and Community project which serves as the drug

dependency unit for southwest London and operates an all-night youth club, a hostel, and medical and educational facilities.

Outreach Programs: A key concern for homeless persons is to obtain access to health care. Some fail to secure proper service because they are rejected by health and welfare workers on the basis of their appearance or their behaviour. Others cannot obtain benefits to which they are nominally entitled because they lack a fixed address.

The latter problem is being dealt with by a number of different group home schemes. But it is clear that more than shelter is required, and in order to address the problem of lack of access, a few outreach programs have been developed to assist those in greatest need. Streethealth (noted above on page 18) is an organization of nurses who have volunteered their services during their off-hours to provide health care for street people in Toronto. A number of similar groups have developed in Boston, Philadelphia, Washington and other American cities to provide basic health services and referrals for residents of emergency shelters (Brickner, 1985, pp.291-332). In 18 cities throughout the United States health care projects directed at homeless people have been developed as a result of grants ($25 million) from two private groups, the Pew Memorial Trust and the Robert Wood Johnson Foundation (Levine and Stockdill, 1986). All of these projects are designed to make health care and services accessible to homeless persons. In Chicago, for instance, the foundation grants have been used to establish mobile teams. Each consists of a physician, clinical nurse, social worker, and two outreach staff people. One team operates during the day, the other in the evening. San Francisco has a similar mobile health team model which has been enhanced with the addition of mental health workers backed up by a psychiatrist.

In Britain there is some evidence of discrimination on the part of general medical practitioners in Britain against registering single homeless people. Often the process starts with receptionists, the first point of contact with the medical care establishment. This pattern may continue with indifferent treatment by the GP. Such reactions are based upon stereotypes of the homeless individuals, their lifestyles, their appearance, or the address of a known hostel. In many cases doctors have simply asserted that their 'lists are full,' but have subsequently taken on new patients who did not give hostel addresses.

An exception to this pattern is the East London Homeless Health Project, which provides a primary health care team to meet the needs of the homeless, particularly those with no fixed abode. A salaried general practitioner works with a community Psychiatric Nurse, a District Nurse, and an Administrator. They also have access to a part-time Alcohol Counsellor. The project has received a three-year funding grant from the Department of Health and Social Services.

One of the project's aims is to encourage registration with GPs and to improve the involvement of medical professionals with local hostels and other residential establishments. Initial results were not terribly encouraging, as it is necessary to overcome substantial long-standing barriers, erected by both sides - both the homeless and the members of the medical establishment.

A similar project started up recently in Bloomsbury with the objective of improving access for local homeless people to the medical establishment. To-date, however, very few GPs have evidenced a willingness to undertake such services.

CONCLUSIONS

Programs dealing with the homeless population of Britain are predicated upon the long-accepted concept of "housing as of right" as well as a network of related social services. Without this "safety net" and without a government policy of providing permanent housing for low income households, it is difficult to come to grips with the long-term concerns of those who are homeless. It is important, too, to improve the delivery of existing services, to inform homeless individuals of their rights, and to provide them with information on how they can deal with the welfare bureaucracy. As demonstrated by British groups, advocacy is crucial to ensure that the homeless population becomes a powerful political constituency.

An analysis of British programs reveals another important distinction. Battles won at the national level do not have to be re-fought (at least in statutory terms) at the local level. This is one of the most difficult aspects of dealing with such issues in the United States. Each state and municipality can in effect determine its own destiny, particularly when the federal government abdicates responsibility.

The experience of Canada, while similar to the United States, is different in at least one significant respect: it underscores the importance of the safety net of social services as well as the necessity of a national health service which is free to low income people. It also points out, however, a problem which is found in all three countries: accessibility of services. Transients find it extremely difficult, without a fixed address, to get into the system. They find that, because they lack personal hygiene and may not appear very attractive, doctors are reluctant to threat them. People in

emergency rooms are not receptive, and transients are often treated as abusers of the system.

In each of the three countries examined, problems vary from region to region, from city to city, and from neighborhood to neighborhood. Accordingly, locally-devised programs are most appropriate. Yet, because homelessness is also a nationwide problem the federal (or central) government must be involved and must provide sufficient funding on a continuing basis to assure permanent solutions. This is not to say that money should be thrown at the problem in hopes that it will disappear; rather, it must be recognized that the issues associated with homelessness are of such magnitude that long-term programs are essential to achieve any meaningful degree of success. The experience of New York, now spending over a quarter of a billion dollars annually on shelters and welfare hotels, dramatically illustrates the futility of programs limited to emergency shelter. As soon as beds are added, more homeless individuals join the queue.

The problems underlying homelessness represent institutional failures on a massive scale. Much of the homelessness dilemma is a reflection of urban economic development trends. Although not a new problem it has dramatically increased in severity in all three countries since 1980. The traditional response to homelessness, then, requires critical rethinking. Governments and certain charitable organizations have been inclined to do things <u>for</u> the homeless, whereas many of the homeless individuals stress that they are a resource unto themselves. They want to be involved in building their own housing. The concept of cooperative or self-help housing should, then, be fully exploited as it represents a rare congruity among the homeless, liberal advocacy groups, and conservative governments.

It is important that we move away from the emphasis on "special need groups." This has two unfortunate consequences: first, public officials tend to limit programs and funding to those with "social needs" such as the physically or mentally disabled; second, when criteria for admission to housing and related programs are predicated upon illness or alcoholism or drug dependency, then individuals tend to adopt the behaviour patterns necessary to get them admitted. Moreover, once admitted, they must remain "ill" because if they recover from their illness or handicap, they are forced to move on. There is no incentive to recover.

A diverse mix of programs, provided or funded by an array of public and private organizations, are required to address the variety of problems which are grouped under the broad heading of homelessness. It is important to broaden the definition of homelessness, not just statutorily, but also with respect to the scope, type and delivery mechanisms of services offered. We must recognize that homelessness means more than simply the absence of shelter.

RECOMMENDATIONS

1. It must be recognized that the problems associated with homelessness are systemic, rather than the result of individual failure or behavioural disorders. Much of the problem in recent years is attributable to economic forces, which have led to high levels of unemployment in certain cities or regions or among certain groups, and to a general lack of affordable housing. Any proposed solution, then, must deal with both of these basic issues.

2. The definition of homelessness must be expanded to include those vulnerable, at risk, or potentially homeless, including those without security of tenure. Moreover, the "right" to adequate housing, like the right to education and health care, must be universally recognized and accepted in practice.

3. Despite stereotypes to the contrary, those who are homeless now are distinguished mainly by their heterogeneity. They are a reflection of society at large: families, single mothers and children, minorities, runaway youth, and those suffering long-term unemployment. Some, like battered women, are hidden from public view, are particularly vulnerable, and are often ignored or left behind by the system.

4. Accordingly, a range of programs and services is required to deal with the multi-faceted nature of this dilemma. Beyond the obvious need for permanent housing, these programs should include advocacy and information centres, job training and counselling, education, a variety of health schemes, and outreach projects to ensure that homeless people are provided with access to health care and community services.

5. Permanent, affordable housing must be a basic building block of any proposed solution. Dwellings must also be livable, secure with respect to

privacy and tenure, with at least a measure of tenant management. This requires assistance from all levels of government.

(a) There must be significant federal involvement on a continuing basis in funding demonstration projects, in the subsidization of operating projects and programs, and in research - particularly into means of preventing homelessness.

(b) Provincial governments must assume a more active role in the creation of programs (e.g. Project 3000) and in providing support and funding for municipal and non-profit programs.

(c) Municipal governments must assume a major role in devising and carrying out local public programs and joint public/private projects. Local agencies can also greatly assist the process of providing affordable housing by instituting "one-stop application processing" or taking other steps to break processing log-jams.

(d) All units of government can assume a greater role in providing vacant or underutilized public properties and institutions for housing the homeless.

6. A related concern is the preservation of affordable rental housing and the protection of tenant rights as well as security of tenure. The application of "just cause" eviction ordinances, for example, can be required by local governments (as they have been in Washington, D.C.) to safeguard tenant rights. In addition, temporary assistance should be provided to renters and homeowners experiencing short-term crises, in order to avoid eviction. Such intervention is far more humane - and less costly in economic and social terms - than waiting for homelessness to occur before interceding. Municipal governments, in particular, have an obligation to preserve SROs, rooming houses, and other low-cost housing. Local government should also ensure, in cooperation with the

voluntary sector, that group homes and other appropriate accommodations are provided for those now forced to use emergency shelters.

7. There is also a significant role for the not-for-profit sector. Often referred to as the third sector, or non-government organizations (NGOs), these groups are extending their activities to include the development and management of permanent housing alternatives. The needs of the homeless have to be addressed in part by this sector because public housing and conventional market housing are not reaching many of the homeless or potentially homeless. Government must assist the NGOs with financial support.

8. Government should induce the participation of the private sector with legislation which permits development of housing with such devices or incentives as mortgage-backed securities. In general, more attention should be given, by public and private sectors, to innovative joint programs (like Cityhome's mixed-income public and private partnerships in Toronto) which facilitate development of affordable housing.

9. Too much is done "to" or "for" the homeless. Many homeless people see themselves as a valuable resource group, willing and able to participate in the design, planning, and even construction of their own housing. They should be allowed, in a supportive environment, to determine their own future.

10. There is no panacea to the issue of homelessness. Those searching for a quick fix will be disappointed. Agencies involved in the provision and funding of housing and social services must make a long-term commitment to alleviate homelessness.

11. The nature of problems, and the range of possible solutions, vary from place to place. What works in Toronto will not necessarily be appropriate for Sydney, Nova Scotia. Locally-devised programs or projects are best. This does

not, however, preclude the sharing of information. At present, too much is done on an ad hoc basis; more emphasis should be placed on the sharing of information and results.

12. Emergency shelters are not an appropriate response. Those who use such facilities do so because there is no available alternative. In the summertime many of the homeless, as in the case of Toronto's Seaton House users, opt for the park rather than subject themselves to the rank squalor of the unventilated hostel. Shelters also perpetuate problems by "maintaining" these individuals in the revolving door syndrome.

13. A feasible solution for many cities is to make better use of the existing housing stock. It has been estimated, for example, that Toronto has several hundred thousand extra, unoccupied bedrooms which could be used by boarders or roomers if zoning and building codes were relaxed.

14. It is possible to bring back to life those non-residential buildings, like vacant schoolhouses, which are structurally sound, are no longer needed, and are adaptable to residential use.

15. An essential reform is the introduction of housing advice centres, which are ubiquitous in Britain. These facilities serve a real need in providing both information and access for those without knowledge or power. Staffers at these centres can intervene and advocate for the homeless with local authorities and with social service agencies.

16. The "safety net" of housing, health and welfare benefits must be extended such that it will catch people before they fall over the edge. This reform will result in considerable economic savings, not to mention substantial social benefits as well.

17. The questions of housing size, scale, physical design and management must be addressed. Government involvement often means large, bureaucratized projects; these will not work. Small clusters are needed, as in the case of self-managed group homes, where the residents set the house rules, screen new tenants, and determine their own destiny. The question of participation in design and planning decisions is particularly important for those who are handicapped.

18. A key issue is housing location with respect to transit, social services, and community facilities. Organizers must address the question of coordination of these services, and whether signing up for such services will be obligatory in order to obtain housing and/or to participate in other programs.

19. Social housing developers should be provided with access to potentially surplus lands owned by the federal, provincial and municipal governments.

20. Deinstitutionalization policies must be revised to ensure that adequate community facilities and services are available in all geographic regions. Similarly, group homes and transitional housing should be spatially distributed rather than being concentrated in the low-income areas of major cities.

21. A coordinated effort among all three levels of government is required in order to ensure that all segments of the homeless population are included within the scope of publicly-supported projects.

22. In summary, programs should be locally devised, population specific, usually small in scale, designed and managed by residents where possible, and assisted by specialized or professionally trained staff rather than relying solely on volunteers. For some homeless people housing programs alone will suffice. Many, however, have multiple problems and housing should be linked with education, training and counselling programs as well as with health and community services which are available to homeless individuals if they choose to make use of them.

BIBLIOGRAPHY

American Planning Association. "What Should APA's position be regarding planning and zoning considerations in housing for the homeless?" Washington, DC: American Planning Association, 1987.

Arce, A.A., and M.J. Vergare. "Identifying and Characterizing the Mentally Ill Among the Homeless." The Homeless Mentally Ill. Ed. H.R. Lamb. Washington, DC: American Psychiatric Association, 1984. 75-89.

Aughton, Henry. Housing Finance: A Basic Guide. London: Shelter, 1986.

Bassuk, Ellen L. "The Homeless Problem." Scientific American July 1984: 40-45.

Baxter, Ellen, and Kim Hopper. Private Lives/Public Spaces: Homeless Adults on the Streets of New York City. New York: Community Service Society, Institute for Social Welfare Research, 1981.

Bean, G.J., M.E. Stefl, and S.R. Howe. "Mental Health and Homelessness." Social Work Sep./Oct. 1987: 411-16.

Bingham, R.D., R.E. Green, and S.B. White, eds. The Homeless in Contemporary Society. Beverly Hills, CA: Sage Focus Editions, Vol. 87, 1987.

Birch, Eugenie Ladner, ed. The Unsheltered Woman: Women and Housing in the 80s. New Brunswick, NJ: Center for Urban Policy Research, Rutgers University, 1985.

Black Report. Inequalities in Health. London: DHSS, 1980.

Blodgett, N. "America's Homeless." ABA Journal 1 Jan. 1987: 19-20.

Bowman, Anna. Homelessness: Shortlife Answers. London: National Federation of Housing Associations, 1986.

Brandon, D. Guidelines to Research in Homelessness. London: Christian Action, 1974.

Breckenridge, J. "Epp Says Equal Access to Care Doesn't Mean Equal Health." The Globe and Mail 19 Nov. 1987: A14.

Brickner, Philip W., et al., eds. Health Care of Homeless People. New York: Springer Publishing, 1985.

British Youth Council, Young Homelessness Group. Housing: A Fair Deal for Youth. London: The Young Homelessness Group, 1987.

--------. Moving On, Moving In: Working Towards Proper Housing for Young People. London: The Young Homelessness Group, 1985.

Brundrige, Rick. "Homelessness: Bleakness and Poverty in a Day to Day Existence." City Magazine 9.2 (1987): 10-18.

Burgess, Rod. "Self-Help Housing Advocacy: A Curious Form of Radicalism - A Critique of the Work of John Turner." Self Help Housing: A Critique. Ed. Peter Ward. London: Mansell Publishing, 1982.

Buss, Terry F. The Homeless and Public Policy: A Bibliography. Monticello, IU: Vance Bibliographies, 1986.

Canada Mortgage and Housing Corporation. Housing for Elderly People: Design Guidelines. 2nd ed. Ottawa: CMHC, 1987.

--------. International Year of Shelter for the Homeless. Ottawa: CMHC, 1987.

--------. Halfway Houses: A Selective Bibliography. No. 4 (mimeo). Ottawa: CMHC, 1986.

--------. Bibliography on Housing for Single-Parent Families. No. 5 (mimeo). Ottawa: CMHC, 1986.

--------. Bibliography on Temporary Shelter for Women. No. 7 (mimeo). Ottawa: CMHC, 1986.

--------. Cooperative Housing: A Bibliography. No. 21 (mimeo). Ottawa: CMHC, 1986.

--------. Homeless: A Bibliography. Ottawa: CMHC, 1986.

"Canada's Homeless: The Search For a Future." Maclean's 16 Feb. 1987: 34-43.

Canadian Association of Housing and Renewal Officials. Canadian Housing. Special issues on the homeless: 3.2 (1986); 3.3 (1986); 3.5 (Dec. 1986-Jan. 1987). Ottawa: CAHRO.

Canadian Council on Social Development. Social Development Review 3.4 (1987): 1-3.

--------. National Survey on Homelessness in Canada. Ottawa: Canadian Council on Social Development, 1987.

CHAR (The Campaign for Single Homeless People). Benefits: A Housing and Supplementary Benefits Guide for Single People Without a Permanent Home. London: CHAR, 1987.

--------. It's the Limit: An Expose of Pricing in London's B & B Land. London: CHAR, 1986.

--------. Coordinating Special Needs Housing in the London Boroughs. London: CHAR, 1985.

--------. In on the Act: The Homeless Persons Act - A Guide for Single Homeless People. London: CHAR, 1983.

Cibulskis, Ann M., and Charles Hoch. Homelessness: An Annotated Bibliography. CPL Bibliography No. 168. Chicago, IL: CPL Bibliographies, 1986.

City of Toronto. Alternative Housing Subcommittee. Off the Streets: A Case for Long-Term Housing. Toronto: City of Toronto, 1985.

City of Toronto. Community Services and Housing Committee. Report of the Subcommittee on the Housing Needs of the Homeless Population. Toronto: City of Toronto, 1986.

--------. Working Committee on Emergency and Short-Term Accommodation: Final Report. Toronto: City of Toronto, 1985.

City of Toronto. Housing and Health: Public Health Implications of the Crisis in Affordable Housing. Toronto: Department of Public Health, 1984.

City of Toronto. Housing Policy Review Committee. Living Room II: A City Housing Policy Review. Toronto: City of Toronto, 1986.

City of Toronto. Inquiry Into the Effects of Homelessness on Health. "Report of the Inquiry Into the Effects of Homelessness on Health." Toronto: City of Toronto, 1987.

City of Toronto. Task Force on Housing for Low Income Single People. Metropolitan Toronto Task Force on Housing for Low-Income Single People: Final Report. Toronto: City of Toronto, 1983.

Community Action Projects. Beyond the Hostel: Housing for Homeless Young People: A Youth-Work Approach. Manchester, England: Community Action Projects, 1982.

Conway, Jean, and Peter Kemp. Bed and Breakfast: Slum Housing of the Eighties. SHAC Policy Paper No. 7. London: SHAC, 1985.

Crystal, Stephen. "Homeless Men and Homeless Women: The Gender Gap." The Urban & Social Change Review 17.2 (1984): 2-6.

Curtis, Robert W. "The Deinstitutionalization Story." The Public Interest 85 (1986): 34-49.

Davis, Simon. "The Homeless Mentally Ill: A Report from Vancouver." The Social Worker 55.1 (1987): 10-12.

Dear, M., and J. Wolch. Landscapes of Despair: From Deinstitutionalization to Homelessness. Princeton, NJ: Princeton University Press, 1987.

Denton, Margaret A., Christine K. Davis, and Brenda J. Nussey. Patterns of Support: The Use of Support Services Among Senior Citizen Public Housing

Tenants in Ontario. 2 vols. Toronto: Ontario Ministry of Housing, 1986 and 1987.

Department of Environment. Homelessness Information Pack. London: HMSO, 1987.

--------. Housing (Homeless Persons) Act 1977, Code of Guidance (England and Wales). London: Dept. of the Environment and Dept. of Health and Social Security and Welsh Office, HMSO, 1977.

Donnison, David. Poverty, Power and Stigma: The Case of the Single Homeless. S.l.: s.n. 1986.

Douglas, James. Why Charity? The Case for a Third Sector. Beverly Hills, CA: Sage, 1983.

Drake, Madeline, Maureen O'Brien, and Tony Biebuyck. Single and Homeless. London: Dept. of the Environment, HMSO, 1982.

Duncan, Sue, and Patricia Downey. Settling Down: A Study of the Rehousing of Users of DHSS Resettlement Units. London: HMSO, 1985.

Erickson, Jon, and Charles Wilhelm, eds. Housing the Homeless. New Brunswick, NJ: Center for Urban Policy Research, 1986.

Farr, R., P. Koegel, and A. Burnam. A Study of Homelessness and Mental Illness in the Skid Row Area of Los Angeles. Los Angeles, CA: Los Angeles County Department of Mental Health, 1986.

Federal Task Force on the Homeless. Summary of Federal Programs Available to Help the Homeless. Washington, DC: Federal Task Force on the Homeless, 1987.

Fraser, Ross. Filling the Empties: Short Life Housing and How To Do It. London: Shelter, 1986.

Freeman, Richard B., and Brian Hall. Permanent Homelessness in America? NBER Working Paper Series No. 2013. Cambridge, MA: National Bureau of Economic Research, 1986.

Garrow, Ian. "Revisiting Homelessness on Skid Row: Structural Unemployment in the 1980s." Unpublished ms. North York: Faculty of Environmental Studies, York University, 1986.

Gerstein, Reva. "Final Report of the Mayor's Action Task Force on Discharged Psychiatric Patients." Toronto: Office of the Mayor, 1984.

Gewirtzman, R., and I. Fodor. "The Homeless Child at School - From Welfare Hotel to Classroom." Child Welfare 66.30 (1987): 237-246.

Glock, Kath, Sharon Morgan, and Alison Warlow, comps. Women and Homelessness: A Report. Cambridge, England: Women and Homelessness Group, 1982.

Goldman, H., and J. Morrissey. "The Alchemy of Mental Health Policy: Homelessness and the Fourth Cycle of Reform." American Journal of Public Health 75.7 (1985): 727-31.

Greer, Nora Richter. The Search for Shelter. Washington, DC: The American Institute of Architects, 1986.

Hall, H. "The Homeless - A Mental Health Debate." Psychology Today 21.20 (1987): 65.

Halsey, Bruce. "Housing the Homeless: Everyone's Concern." Perception Mar.-Apr. 1987: 13-15.

Hauch, Christopher. Coping Strategies and Street Life: The Ethnography of Winnipeg's Skid Row Region. Winnipeg: Institute of Urban Studies, 1985.

Hays, R. Allen. The Federal Government and Urban Housing: Ideology and Change in Public Policy. Albany, NY: State University of New York Press, 1985.

Hilditch, Steve, and Jim Battle, comps. Ordinary People: Homeless in the Housing Crisis. London: Shelter, 1982.

Hoch, Charles. "Homeless in the United States." Housing Studies Oct. 1986: 228-240.

Hombs, Mary Ellen, and Mitch Snyder. Homelessness in America: A Forced March to Nowhere. Washington, DC: Community for Creative Non-Violence, 1982.

Hope, Marjorie, and James Young. The Faces of Homelessness. Lexington, MA: Lexington Books, 1986.

--------. "From Back Wards to Back Alleys: Deinstitutionalization and the Homeless." The Urban & Social Change Review 17.2 (1984): 7-11.

Housing Networking Project. People, Projects and Issues. Mimeo Newsletter (June). Toronto: Housing Networking Project, 1987.

Housing Support Team. Briefing Papers. London: Housing Support Team, 1987.

Hulchanski, J. David, ed. Seven Background Papers for A Place to Call Home: A Conference on Homelessnesss in British Columbia, May 15-16, 1987. Vancouver: School of Community and Regional Planning, Centre for Human Settlements, 1987.

Intergovernmental Health Policy Project of George Washington University. Outreach Services for Homeless Mentally Ill People: Report of Proceedings. Rockville, MD: National Institute of Mental Health, 1987.

IYSH. Profiles. London: IYSH, 1987.

Kasinitz, Philip. "Gentrification and Homelessness: The Single Room Occupant and Inner City Revival." Urban and Social Change Review 17.1 (1984): 9-14.

Kaufman, N.K. "Homelessness: A Comprehensive Policy Approach." The Urban And Social Change Review 17.1 (1984): 21-25.

Klodawsky, Fran, and Aron Spector. "Housing Policy as Implicit Family Policy: The Case of Mother-Led Families." Transitions (VIF) June 1986: 6-8.

Klodawsky, Fran, Aron Spector, and Damaris Rose. Single Parent Families and Canadian Housing Policies: How Mothers Lose. Ottawa: Canada Mortgage and Housing Corporation, 1985.

Klodawsky, Fran. The People's Housing Coalition; One Community's Response to the Need for Decent Affordable Housing. Ottawa: The People's Housing Coalition, 1983.

Lamb, H.R., ed. The Homeless Mentally Ill: A Task Force Report of the American Psychiatric Association. Washington, DC: American Psychiatric Association, 1984.

Lambert, C.M. Homelessness: A Select List of Material Relating to Homelessness Based on the DOE/DTP Library. Bibliography No. 216. London: Dept. of the Environment, Dept. of Transport, Headquarters Library, 1986.

Lamontagne, Yves, Yvette Garceau-Durand, Robert Elie, and Suzanne Blais. "Les Jeunes Itinerants de Montreal." Perception Mar.-Apr.: 23-24.

Laven, G., and K. Brown. "Nutritional Status of Men Attending a Soup Kitchen: A Pilot Study." American Journal of Public Health 75.8 (1985): 875-78.

Leman, Christopher. The Collapse of Welfare Reform: Political Institutions, Policy, and the Poor in Canada and the United States. Cambridge, MA: MIT, 1980.

Levine, I.S., and J.W. Stockdill. "Mentally Ill and the Homeless: A National Problem." Treating the Homeless: Urban Psychiatry's Challenge. Ed. B. Jones. Washington, DC: American Psychiatric Association Press, 1986.

Lezak, A.D. Synopses of National Institute of Mental Health Community Support Program Service Demonstration Grants for Homeless Mentally Ill Persons. Rockville, MD; National Institute of Mental Health, 1986.

Main, Thomas J. "The Homeless Families of New York." The Public Interest Fall 1986: 3-21

---------. "The Homeless of New York." The Public Interest Summer 1983: 3-28.

Malpass, Peter, ed. The Housing Crisis. London: Croom Helm, 1986.

Marcuse, P. "Why Are They Homeless?" The Nation 4 Apr. 1987: 426-429.

Marin, Peter. "Helping and Hating the Homeless." Harper's Magazine Jan. 1987: 39-49.

McKechnie, Sheila, and Des Wilson. Homes Above All. Housing in Britian: The Facts, the Failures, the Future. London: Shelter, 1986.

Methot, Suzanne. "Low Income in Canada." Canadian Social Trends Spring 1987: 2-7.

Metropolitan Toronto. Metropolitan Community Services Dept., Policy and Planning Division, and Metropolitan Planning Dept., Policy Development Division. No Place to Go: A Study of Homelessness in Metropolitan Toronto - Characteristics, Trends and Potential Solutions. Prepared for the Metropolitan Toronto Assisted Housing Study. Toronto: Municipality of Metropolitan Toronto, 1983.

MIND. "Homelessness and the Plight of Mentally Ill People." London: MIND, 1987.

Mitchell, J.C. "The Components of Strong Ties Among Homeless Women." Social Networks 9.1 (1987): 37-48.

Mostoller, G.M. "Housing the Homeless in Central Urban Areas." Habitat International 10.4 (1986): 55-62.

National Campaign for Single Homeless People. Local Housing Policies for Single People: The CHAR Blueprint. London: National Campaign for Single Homeless People, 1982.

Navarro, V. "The Public/Private Mix in the Funding and Delivery of Health Services: An International Survey." American Journal of Public Health 75.11 (1985): 1318-20.

Nawrocki, Normand. "Squatting: An Alternative to Homelessness." Perception Mar.-Apr. 1987: 27-29.

New York Office of Mental Health. Who Are the Homeless? A Study of Randomly Selected Men Who Use the New York Shelters. Albany, NY: Office of Mental Health, 1982.

Nichols, Mark, and Ann Finlayson. "Canada's Homeless: The Search for a Future." Maclean's 16 February 1987: 34-43.

Oberlander, H. Peter, and Arthur L. Fallick. Shelter or Homes? A Contribution to the Search for Solutions to Homelessness in Canada. Vancouver: University of British Columbia, Centre for Human Settlements, 1987.

Ontario Ministry of Municipal Affairs and Housing; and the Association of Municipalities of Ontario. "Study of Residential Intensification and Rental Housing Conservation." Toronto: Ontario Ministry of Municipal Affairs, 1983.

Ontario Task Force on Roomers, Boarders and Lodgers. "A Place to Call Home." Toronto: Ontario Ministry of Housing, 1986.

--------. "Housing for Roomers, Boarders and Lodgers: The 'State of Knowledge'." Toronto: Ontario Ministry of Housing, 1986.

Participants in the Single Displaced Persons Project. "From Homelessness to Home: A Case for Facilitative Management." Unpublished report. Toronto: Participants in the Single Displaced Persons Project, 1987.

--------. "Hostels and Homelessness." Unpublished report. Toronto: Participants in the Single Displaced Persons Project, 1983.

--------. "The Case for Long-Term, Supportive Housing." Unpublished report. Toronto: Participants in the Single Displaced Persons Project, 1983.

Partnership for the Homeless. National Growth in Homelessness: Winter 1987. New York: The Partnership for the Homeless, 1987.

President's Commission on Mental Health. Final Report. Washington, DC: USGPO, 1978.

Proch, Kathleen, and Merlin A. Taber. "Helping the Homeless: Why People Are on the Streets is Irrelevant to Their Need for Shelter." Public Welfare 45.2 (1987): 5-9.

Redburn, F. Stevens, and Terry F. Buss. Responding to America's Homeless: Public Policy Alternatives. New York: Praeger, 1986.

Reseau d'aide. Document de Reflexion sur la Situation Actuelle des Sans-Abri a Montreal. Ms. prepared for the members of the committee on the International Year of Shelter for the Homeless, commissioned by the Shelter for Single and Itinerant Persons of Montreal, Inc. 1987.

Ritter, B. Covenant House: Lifeline to the Streets. New York: Doubleday, 1987.

Rivlin, Leanne G. "A New Look at the Homeless." Social Policy 16.4 (1986): 3-10.

Robichaud, Jean-Bernard. Voluntary Action: Provincial Policies and Practices. Ottawa: Canadian Council on Social Development, 1985.

Ross, Aileen D. The Lost and the Lonely: Homeless Women in Montreal. Montreal: Canadian Human Rights Foundation, 1982.

Ross, David P., and Peter J. Usher. From the Roots Up: Economic Development as if Community Mattered. Ottawa: CCSD, 1986.

Sager, Paul, and Marion Reitz. "The Philadelphia Task Force on Homelessness." Cities Feb. 1987.

Saunders, Barbara. Homeless Young People in Britain: The Contribution of the Voluntary Sector. London: Bedford Square Press, 1986.

Schwab, J. "Sheltering the Homeless." Planning Dec. 1986: 24-27.

Scottish Council for Single Homeless. Alternatives to Night Shelters. Edinburgh: The Council, 1984.

SHAC (Great Britain). Homeless? Know Your Rights. London: SHAC, 1982.

--------. Homelessness: Prospects for the 1980s. 1981 Policy Paper No. 5. London: SHAC, 1981.

Shaw, Frederick. The Homes and Homeless of Post-War Britain. Carnforth, Lancashire: Parthenon Press, 1985.

Sloss, M. "The Crisis of Homelessness: Its Dimensions and Solutions." The Urban and Social Change Review 17.2 (1984): 18-20.

Smith, Wendy Zink. Planning for the Down-and-Out Group in Skid Row: A Case Study of Jack's in Winnipeg. Master of Environmental Design, University of Calgary. 2 microfiches. Ottawa: National Library of Canada, 1982.

Snyder, M., and M.E. Hombs. "Sheltering the Homeless: An American Imperative." Journal of State Government 59.4 (1986): 173-174.

Social Planning Council of Metropolitan Toronto. Housing: Faces Behind the Need. Discussion Paper on Policy, No. 2. Toronto, 1985.

--------. "People Without Homes: A Permanent Emergency." Unpublished report. Toronto, 1983.

Stern, Mark J. "The Emergence of the Homeless as a Public Problem." Social Service Review June 1984: 291-301.

Stoner, M.R. "An Analysis of Public and Private Sector Provisions for Homeless People." The Urban and Social Change Review 17.1 (1984): 3-8.

Townsend, P., D. Simpson, and N. Tibbs. "Inequalities in Health in the City of Bristol: A Preliminary Review of Statistical Evidence." International Journal of Health Services 15.4 (1985): 637-63.

Turner, John F.C. Housing By People: Towards Autonomy in Building Environments. London: Marion Boyars, 1976.

U.S. Conference of Mayors. A Status Report on Homeless Families in American Cities. Washington, DC: U.S. Conference of Mayors, 1987.

--------. The Continuing Growth of Hunger, Homelessness and Poverty in America's Cities: 1987. Washington, DC: U.S. Conference of Mayors, 1987.

--------. The Continued Growth of Hunger, Homelessness and Poverty in America's Cities: 1986. Washington, DC: U.S. Conference of Mayors, 1986.

U.S. Department of Health and Human Services. Helping the Homeless: A Resource Guide. Washington, DC: USGPO, 1984.

U.S. Department of Housing and Urban Development. Directory of Official U.S. IYSH Projects. Housing America: Freeing the Spirit of Enterprise. Washington, DC: US Dept. of Housing and Urban Development, 1987.

---------. Office of Policy Development and Research. A Report to the Secretary on the Homeless and Emergency Shelters. Washington, DC: The Office, 1984.

U.S. General Accounting Office. Homelessness: A Complex Problem and the Federal Response. Washington, DC: US GAO, 1985.

Venn, Sheila. Singled Out: Local Authority Housing Policies for Single People London: CHAR, 1985.

Watson, Sophie, and Helen Austerberry. Housing and Homelessness: A Feminist Perspective. London: Routledge and Kegan Paul, 1986.

Wilson, Des. Pressure: The A to Z of Campaigning in Britain. London: Heinemann, 1984.

Wolfe, Jeanne M. "Some Present and Future Aspects of Housing and the Third Sector." In The Metropolis: Proceedings of a Conference in Honour of Hans Blumenfeld, ed. John R. Hitchcock, Anne McMaster and Judy Kjellberg. Toronto: University of Toronto, Department of Geography and Centre for Urban and Community Studies, 1985, pp. 131-156.

Wolman, Harold. "The Reagan Urban Policy and Its Impacts." Urban Affairs Quarterly Mar. 1986: 311-335.

Women's National Commission, Ad Hoc Working Group on Homelessness. Report on Homelessness Amongst Women. London: Women's National Commission, Cabinet Office. 1983.

APPENDIX I

THE RESPONSE TO THE HOMELESSNESS ISSUE IN THE CANADIAN PROVINCES

As part of the work under this grant, a survey of all provinces was undertaken to ascertain the nature and scope of activities being conducted for IYSH in 1987. A selection of representative projects is described below, first for Ontario, followed by the other provinces.

ONTARIO

The Province of Ontario has established an IYSH Secretariat which has been involved in funding and supporting a substantial number of projects. Along with CMHC, Ontario was a major contributor to the IYSH International Conference held in Ottawa during September, 1987.

The Province is also committed to the production of permanent housing. In August 1987 the Minister of Housing announced an allocation of 3,600 units for the non-profit sector (in addition to the ongoing Federal/Provincial non-profit program). In addition, under Project 3000, Ontario is funding the provision of affordable housing for groups with special needs who are particularly disadvantaged.

Project 3000

Project 3000 is a 100% provincially funded program in Ontario to produce 3,000 rental housing units, targeted towards the neediest. The program is being delivered by non-profit corporations, and grant allocations fall within

existing MUP prices (i.e. $55,000 per bedroom) established by Canada Mortgage and Housing Corporation. Financing is insured under the National Housing Act.

The Ontario Ministry of Housing provides operating subsidies, development loans and grants and subsidizes the cost of rent-geared-to-income units. The Ontario Ministry of Community and Social Services (Comsoc) and the Ontario Ministry of Health provide the required funding for the support services necessary to maintain Project 3000.

In January 1987 the Ministry of Housing announced its initial allocation of 942 units to 35 resource groups in 23 municipalities. Metropolitan Toronto received 390 units (41%) of the initial allocation of which 97 (25%) were targeted to handicapped persons and 283 (73%) were allocated to low-income singles with support service. The remaining 10 units (2%) went to a project for substance abusers.

The majority of unit allocations in the initial announcement are to projects that are being developed by church groups. Three hundred and twenty-two (82.5%) units of the Metro allocations will be delivered by church-supported organizations.

Beyond Project 3000 the Ontario Housing Minister and the Minister for Community and Social Services announced a $31.5 million package "for long-term permanent housing to match money being spent on short-term emergency shelter" (news release, December 17, 1987).

Of this amount, $12.5 million is allocated for permanent housing to match funds earmarked for emergency shelters; $300,000 has been provided to Homes First Society of Toronto to house 50 homeless people; $6 million is to help communities develop and implement their own solutions for homelessness. In addition, $5 million is to be directed toward the construction of emergency

family shelters in suburban Toronto, which can be converted to permanent housing; $5 million will also be spent on accommodation and services for street youth in downtown Toronto; and $2.5 million will be provided for new youth hostels in Peel, East York, and Scarborough.

Cityhome

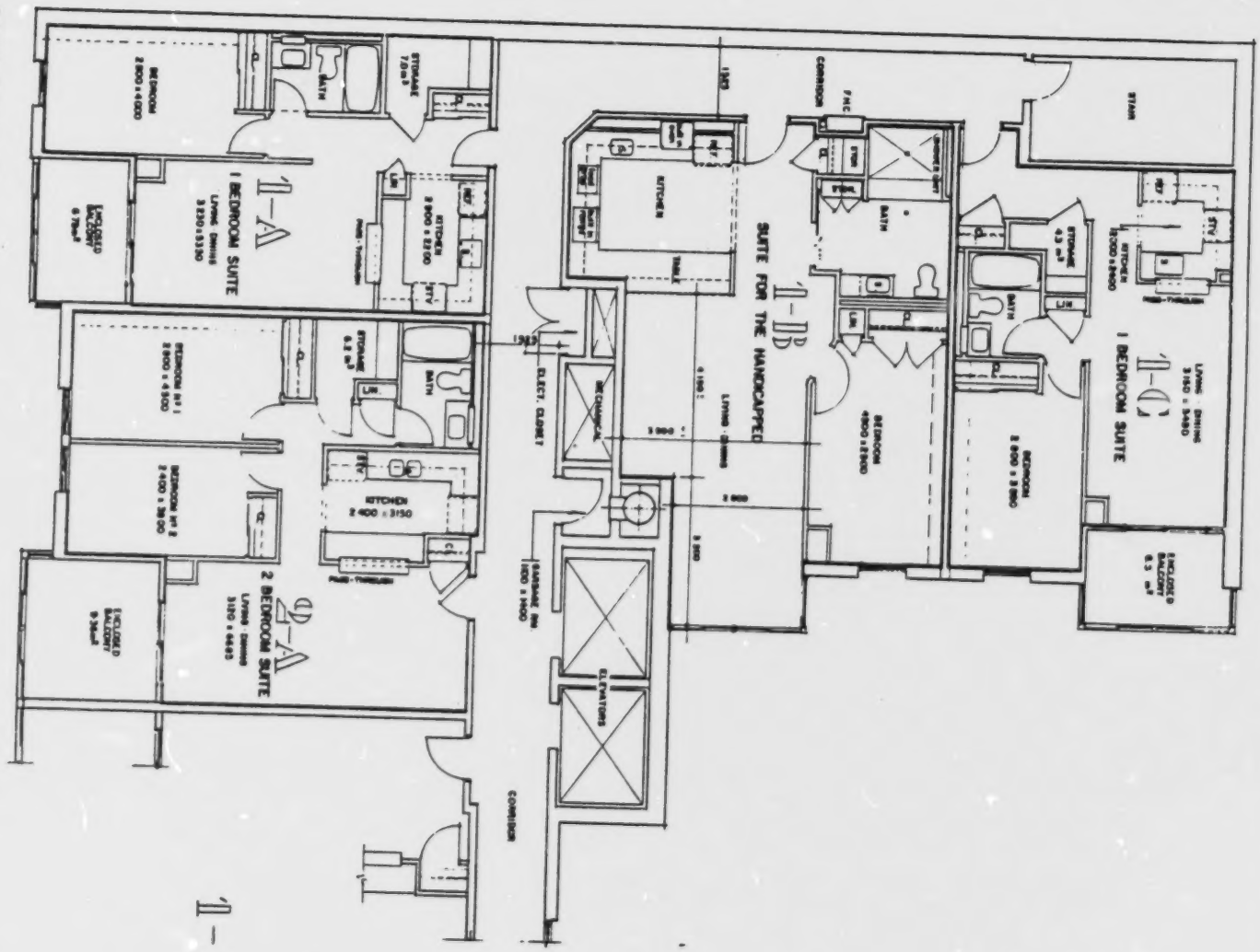
Cityhome is the City of Toronto non-profit housing corporation. The Cityhome portfolio consists of approximately 6,000 units. A 100-unit, one- and two-bedroom apartment building, located at 25 Elm St. in the downtown core, has been specifically designed by Cityhome to house 12 handicapped persons and 1 support staff.

In a twelve storey building, these handicapped units are stacked one above the other to facilitate construction and to integrate handicapped people with other residents in the building. Each handicapped suite provides appliances and a kitchen specifically designed for movement and access. The bathroom is equipped with a shower which is ramped to allow access in a wheelchair. All doors in the building are operated automatically.

Funding for these units is under the old 56.1 allocations, with a negotiated 12% increase over the standard maximum unit price allocation targeted to the 13 units. The 13 units house 12 permanent residents and 1 support person who is funded by Comsoc through the Three Trillium sponsoring group. Negotiations with planning officials permitted larger units dedicated to the handicapped.

Cityhome is currently working with the March of Dimes, the Canadian Paraplegic Association and Nucleus Housing in other projects designed to

TYPICAL SUITE PLANS



1 - D SIMILAR TO SUITE 1-A

TYPICAL SUITE PLANS.					
8206	1:50	L.H.	L.H.	MAR/82/MO	
BORDEN AND ARMSTRONG · ARCHITECTS · TORONTO, ONTARIO					

25 ELM STREET
APARTMENT BUILDING
FOR THE
CITY OF TORONTO
NON PROFIT HOUSING CORPORATION

provide long-term accommodations to handicapped persons. The 25 Elm St. model is currently being replicated at three other locations in the City of Toronto.

At Hanson Street in Toronto, Cityhome has developed, in joint venture with private firms, several projects of mixed-income housing. These innovative projects take advantage of the fact that private developers are allowed certain tax concessions in connection with the provision of housing.

Walnut Avenue

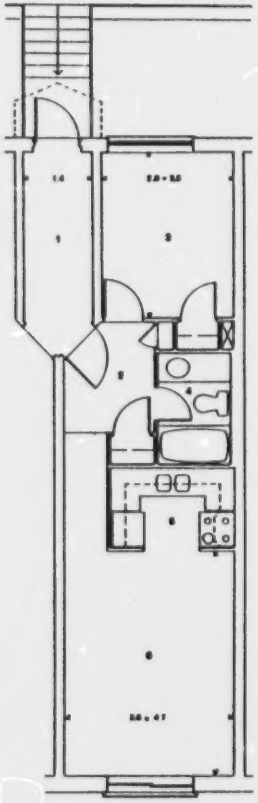
In the west core of the city, Homesfirst has acquired a portion of an existing City-owned parking lot and has planned a mixed-use housing project. Working within strict site guidelines, due to the nature of existing services, the development will contain both townhouses and a five-storey apartment building.

The 14 townhouses will include 6 two-bedroom, 4 three-bedroom and 4 four-bedroom units (for larger families and for shared accommodation), in three-storey structures. Each townhouse will have a private terrace, and the variety in townhouse layout will provide housing for both singles and families.

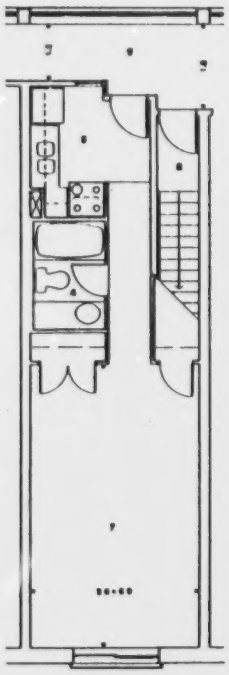
The five-storey apartment building contains 21 bachelor apartments, 27 one-bedroom and 2 two-bedroom units, which includes 6 grade-access and 4 handicapped apartments. The basement has laundry and meeting rooms as well as offices for Homesfirst. All apartment units enjoy a view to an adjacent park. The project will provide long-term housing for 90 people in a variety of dwellings. The units will be 100% rent-geared-to-income.

The Homesfirst Society is also involved in a joint-venture project with Cityhome, the City of Toronto non-profit housing corporation. The Society is providing the resident and management services, and Cityhome will use its

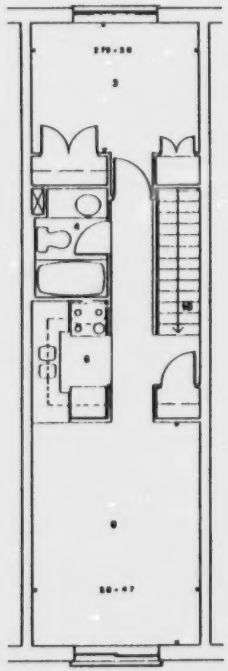
resources to develop and construct the 90- to 100-unit building for singles in Cityhome land on Simcoe St. This mixed-use project will address Homesfirst's concern with the lack of adequate affordable family housing.



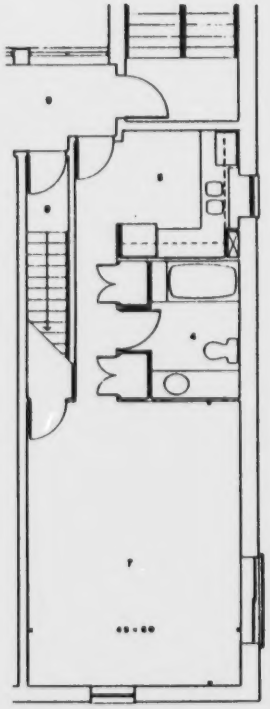
1 BR UNIT (GRADE ACCESS)



BACHELOR UNIT



1 BR UNIT (WALK-UP)



BACHELOR UNIT (HANDICAPPED)

1. LOBBY
2. VESTIBULE
3. BEDROOM
4. BATHROOM
5. KITCHEN
6. LIVING/DINING
7. LIVING/DINING/
SLEEPING
8. ENTRANCE TO
WALK-UP APT.
9. CHECKROOM
10. STAIR DOWN

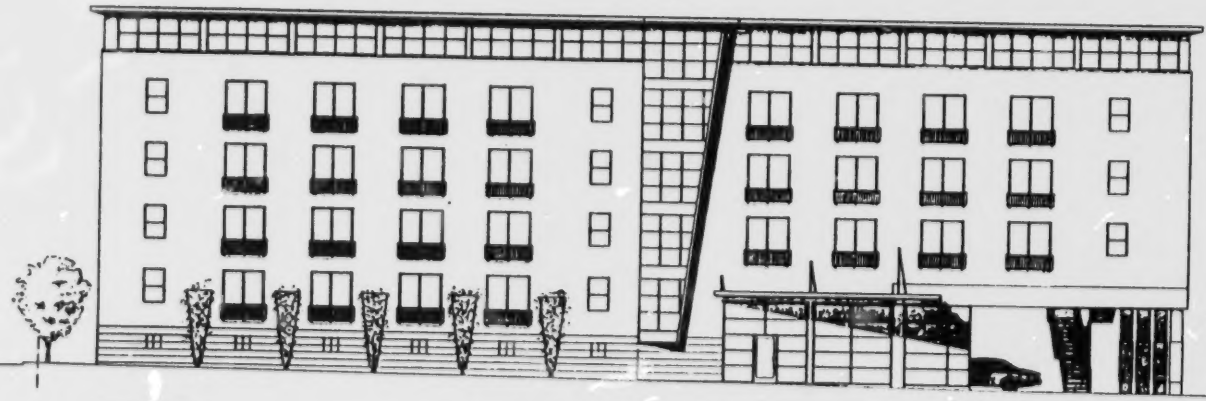
PROJECT:
168 WALNUT AVENUE

DRAWING TITLE:
APARTMENT BUILDING
UNIT PLANS

PAUL REUBER ARCHITECT
77 BERKELEY STREET
TORONTO, ONT. M5A 2W6 (416) 964-6672

DATE: JUNE 1981
SCALE: 1/4"
DRAWN: LAM
DWG. No. 4

WEST ELEVATION



SOUTH ELEVATION

PROJECT:
160 WALNUT AVENUE

DRAWING TITLE:
ELEVATIONS

PAUL REUBER ARCHITECT
77 BEASLEY STREET

The Society has recently concluded a long-term leasing arrangement with Cityhome for a detached residential building in the Annex. The project is funded by Project 3000 and will provide 10 units for low-income singles.

Future projects include proposals to include a co-op housing development (near the waterfront) in the St. Lawrence district, and the purchase of an old hotel to be used as a SRO co-op.

Lewis St. Apartments

The Supportive Housing Coalition in Toronto is a non-profit housing developer funded by the Ministry of Health and mandated to co-ordinate housing activity for mentally handicapped persons. The Coalition is a collection of agencies which deliver services to the psychiatrically handicapped. The Coalition develops and manages the site for a member agency, and maintains title to the project. Currently the Coalition has 220 units either occupied or under construction, and has proposed the development of another 80 units, 48 of which fall under Project 3000. The Coalition has also applied for an 1988 allocation through the 56.1 program for 560 units.

The Coalition is staffed by four persons who carry out extensive community relations prior to implementation of its projects. There has been no community resistance to any of these projects. The Supportive Housing Coalition purchased an older home in great disrepair, demolished it and developed a fifteen unit 3 1/2 storey apartment building which will be used by single people on marginal incomes who require professional assistance.

The site is 50 feet wide and was designed to become an unobtrusive addition to Lewis St. which contains a variety of semi-detached and row houses. The structure is wood frame, with aluminum siding, with 360 sq.ft. units. The

LEWIS ST. APARTMENTS, TORONTO

LEWIS ST. APARTMENTS, TORONTO

construction was very well budgeted, and the project was completed below MUP. Each unit will consist of one room, designed with separations to enhance the space. Each unit is equipped with a kitchen, bedroom alcove, and 4-piece bath. Most residents have opted for hide-away beds, as opposed to permanent beds, which are supplied with the unit.

The project was funded through the federal/provincial 56.1 program and is occupied by 100% deep-subsidy residents. The Coalition joined with Adjustment into Society Inc., a non-profit housing organization which delivers services funded by the Ministry of Health.

The small multi-unit apartment building is a type which can be easily replicated in the community. The structure occupies the equivalent of two building lots, and its style is a duplication of scattered low-rise apartment buildings which are prevalent in the City of Toronto.

The Fred Victor Mission

The Fred Victor Mission currently operates two facilities at its downtown Toronto location. The emergency hostel which was recently renovated provides accommodation for 118 men. The hostel offers 24-hour access and is operated on a purchase-of-service agreement with Metro Toronto through General Welfare Assistance.

The Mission has received approval to construct 130 units under the Provincially funded Project 3000. The new housing will be developed on lands currently owned by the Mission and will involve the demolition of the existing hostel. During the period of construction, the hostel residents will be housed elsewhere, and will then move into the new structure upon completion.

The design of the building was restricted by current zoning bylaws, and by opposition from local businesses. The final structure will be two buildings of 5 and 9 storeys respectively. Each floor will have keyed common elevator access to grade. The five-storey building will contain units of 9 bedrooms, one of which is designed to accommodate a handicapped individual. Common spaces include kitchen, dining room, living room and five 3- and 4-piece bathrooms. The nine-storey building will contain two separate units per floor, each containing six bedrooms, common living, dining and kitchen space and three 4-piece bathrooms. The sixth floor laundry area incorporates a roof garden and social lounge. The ninth floor is designed to function as an 8-bed emergency hostel.

The first floor and basement of the building will be used to house the services of the Mission, which includes a lounge, offices and a dining room. The ground floor is purposely separated from the residences to reinforce the sense of housing of the residences and the individual nature of the services. Residents may negotiate directly with the Mission for its services (food service, housekeeping, etc.).

The Mission is committed to resident involvement in several aspects of the project, including planning and design of the buildings; they will assemble the furniture which will be used in the residences. The Mission is currently negotiating with those invited to tender on the project regarding the use of residents during the construction of the project. The Mission is also planning to construct 64 units designated for elderly persons. Design for this project is underway, and construction for both projects will occur concurrently.

The Christian Resource Centre

The Christian Resource Centre provides long-term supportive accommodation in a shared housing environment. The most recent addition to the Christian Resource Centre (CRC)) stock has been a 25-unit allocation through Project 3000. Historically, the CRC houses have been located in the east core of the city; increasing real estate costs, however, have compelled movement out of the core.

The CRC currently has 13 homes, each developed using the CRC rooming house model whereby the residents are responsible for their housing. The CRC has chosen to administer the homes under the Landlord and Tenant Act, which granted their roomers some protection through legislation.

The rooming house model of 5 persons per house avoids conflict with existing zoning bylaws. Each resident has a room, equipped with furniture and a refrigerator. The remaining common facilities of the house are shared equally. Roomers are required to pay 25% of their gross income as rent; any shortfall is met by a provincial government rent supplement program.

The Urban Core Support Network

A Canada-wide ecumenical association dealing with skid row and homelessness, the Urban Core Support Network's goal is the "elimination of the exploitative aspects of skid row and the development of humane community." Based in Toronto, the group has a network of members in cities across the country. Its funding ($60,000 in 1986) comes from churches and foundations as well as fee-for-service contracts; support services are provided by the Fred Victor Mission and the Anglican Church of Canada. Members organize workshops and circulate newsletters to publicize key issues and to influence decision-makers. The

Network, with two staff persons, also provides consultant services to the Housing Networking Project (nationwide), the Single Displaced Persons Project in Toronto, and related organizations.

The map on the following page shows the location of projects and hostels in Toronto.

Projects Noted in Report:

A 90 Shuter Street (Homes First)
B Homes First Annex Project
C Walnut Avenue
D Fred Victor Mission
E Cityhome (Elm Street)
F Lewis Street Apartments
G Covenant House
H All Saints Church

Metro Toronto Hostels and Shelters:

1 - Woodgreen
2 - Toronto Community Hostel
3 - Family Residence
4 - North York (off map)
5 - Emily Stowe (off map)
6 - Ernestine's (Rexdale - off map)
7 - Women's Habitat
8 - Women in Transition
9 - Nellie's
10- Interval House
11- Anduhyaun
12- Robertson
13- Samaroo (Weston - off map)
14- Rends
15- Woodlawn
16- Evangeline
17- Street Haven
18- Dixon Hall
19- Good Shepherd
20- Salvation Army
21- Salvation Army
22- Ozanam
23- Seaton House
24- Nameres
25- YMCA
26- Stop 86

HIGH PARK
L A K E
Mimico
Humber Bay East Park
Humber Bay West Park
EXHIBITION PARK
INNER HARBOUR
AIRPORT
WARDS ISLAND
ALGONQUIN ISLAND
OUTER

ALBERTA

One of the principal housing activities of the Province of Alberta is the Rural Home Assistance Program which is designed to "help people living in Metis Settlements and remote northern communities build or repair their own homes." The area served has a particularly harsh climate, with temperatures ranging from 38°C in summer to -60°C in winter. Population density in this region is only 0.6 persons per square kilometre. In northern Alberta the annual income of over 80% of the families was less than $15,000 in 1987.

Over the past 10 years Alberta has provided $21 million to 38 communities through this program. The Rural Home Assistance Program has delivered 977 new homes, repaired 373 dwellings, and upgraded the water and sewer facilities of 1,150 homes.

The problem of homelessness in Edmonton, Alberta's largest city, is being addressed primarily by voluntary agencies. Among such groups is Operation Friendship, an inner city social services organization which provides a drop-in centre for older people. It also offers an outreach program to bring community services to the elderly in their own homes. Operation Friendship Housing Society operates (in the same location) a 40-unit rooming house for "hard-to-house" older people who suffer from mental illness, alcoholism and other problems.

The Edmonton Inner City Housing Society is also involved in dealing with homeless people. Its first project, Home House, is a shared unsupervised house for people with a history of mental illness. The Society has developed a ten-suite rooming house, which is full and has a waiting list. Both projects are being partially run by residents.

BRITISH COLUMBIA

The province does not have a secretariat for IYSH. It has concentrated on a few projects, which are being funded jointly with CMHC under non-profit programs. These include the 34-unit Mavis' Place (described below), the 33-unit family housing project being developed by the First United Church, and a 90-unit project for seniors.

Four Sisters, Vancouver, B.C.

Vancouver's skid row, between Burrard Inlet and False Creek, is known as the Downtown Eastside. Its population in 1988 was 10,000, 85% of whom are below the poverty line. The ratio of men-to-women is 80-20, and the average resident is a 55-year old man who has been out of work for 9 years because of disability. Average length of residency is 15 years. Most get by on less than $450 monthly. The area contains 50 single room occupancy (SRO) hotels with very cheap rooms. In 1986 this district attracted considerable attention because 500 people were summarily evicted to make way for tourists at Expo 86. Shortly thereafter, several evicted residents died by suicide.

Located in this neighbourhood, the Four Sisters contains 153 units; 105 of them with rent subsidies are occupied by people on social assistance. Built in 1986 at a cost of $18 million with funds from Canada Mortgage and Housing Corporation (CMHC) on land leased by the City of Vancouver, the project will revert to city ownership in 60 years. The apartments are administered by the Downtown Eastside Residents Association, headed by activist Jim Green, and by a non-profit organization, Building Independent Living with the Disabled.

The units contain a "bedroom alcove" along with a kitchen, so that residents do not have to live, sleep and eat day after day in the same room. It is, in

effect, a one-bedroom apartment which circumvents the rigid, outdated building codes. The project also includes a rooftop garden and a fully enclosed, landscaped courtyard, alongside townhouses with private backyards and a fenced laneway for children to play in safety.

Residents are elderly men without families from the surrounding skid row area, single-parent women-led families, and elderly Chinese. Residents helped to make the project a reality. They also do the maintenance and cleaning, evidencing a great deal of pride in the finished project.

Mavis' Place, The Helen McMullen Residence, Vancouver

Women who live in Vancouver's Downtown Eastside have designed a 34-unit residential apartment building in memory of "Mavis," a black woman who was murdered in the area several years ago. The project also represents a tribute to Helen McMullen, a 73-year-old Mennonite and feminist who has worked for many years as a volunteer at the Downtown Eastside Women's Centre. The Project, which has been authorized by the provincial government and funded by federal government transfer payments, was built in 1987 at a cost of $1.8 million. It is to house those women who are now forced to live in skid row hotels. Many are ex-psychiatric patients who cannot afford to live elsewhere. Residents determine their own house rules and management policies. Before the project was completed, there was already a waiting list of more than 80 women.

Architect Linda Baker's residential style apartment building for women in Vancouver's Downtown Eastside is designed to meet the safety and child care needs of the women who will live there, as well as provide them with comfortable surroundings.

THE HELEN MCMULLEN RESIDENCE, VANCOUVER

Source: Herizons, Vol.5, No.2, March 1987

MANITOBA

In order to understand the nature and magnitude of the problems of homelessness in Manitoba, the Minister of Housing funded a consultant study which explored the issue and described programs put in place in the United States and Canada to deal with the homeless. In addition, through existing programs, the province has funded a 200-bed shelter run by the Salvation Army; the 56.1 program, in conjunction with CMHC, allocates 500 units per year; and another 370 units are being funded through the Urban Native Policy, Rent Supplement, and the Rural Native Programs.

The principal programs in the province are the Winnipeg Core Area Initiative and the Main Street Project. The former is a five-year (1981-1986) $96 million program which is funded equally by the federal, provincial, and municipal governments. Its intent is to achieve comprehensive socio-economic development in the core area of the city. It includes a housing program designed to rehabilitate 4,000 dwellings utilizing existing public and non-profit housing agencies.

The Main Street Project began in 1972 as a federally-funded program, in response to a request from merchants and the police to supplement police services in the core of Winnipeg. This is a notorious skid row, which has an unemployment rate over 50% and an incidence of family poverty five times the average for the city. It also has the greatest concentration of poor housing and the highest number of native Indians and ethnic immigrants. The total downtown population is 75,000, one-third of whom are Natives.

Main Street began as an emergency overnight shelter and daytime drop-in centre for the unemployed. It has subsequently expanded to include the following programs and services: a crisis intervention and emergency referral

service, street patrols to assist the homeless, an emergency shelter, an intoxicated persons holding area (to deal with people brought in by the police), a sub-acute detoxification unit, a case management and assessment unit, and a day treatment program.

At a separate location the Main Street Project operates a 26-bed hostel for the temporarily homeless and for people entering or leaving treatment programs and in need of short-term accommodation. Average length of stay at this facility is about three weeks. This hostel is funded by the City of Winnipeg, the United Way, and by per diem charges to placing agencies. Main Street now deals with about 7,500 individuals annually. About 42% of these have no fixed address; roughly two-thirds are Natives. The project is now considering, along with the Government of Manitoba, the construction of an 88-bed "supportive housing facility" in Winnipeg.

NEW BRUNSWICK

The Province of New Brunswick has responded to the 1987 IYSH by conducting a needs research study to determine the extent of homelessness. It has also been examining emergency shelters in Fredericton to ascertain if expansion is warranted.

Among the privately-run shelters in New Brunswick is Accueil Sainte-Famille which provides a refuge for homeless and battered women. Counselling, referral, and follow-up services are offered. In Saint John there is a non-profit housing corporation, and in Fredericton the Affordable Housing Coalition, which have been active in attempting to redress problems of low cost housing supply.

NEWFOUNDLAND AND LABRADOR

Provincial authorities believe that homelessness in the province is not an acute urban problem as it is elsewhere in Canada. It consists, they believe, mainly of situational homelessness, affecting rural migrants or victims of family abuse. The strong family structure which is evident throughout the province acts as a safety net, in their opinion.

The only facilities for the homeless in the province are two shelters in St. John's: one has a capacity of 40, and usually serves about 35 males at one time; the other has room for 12 women, and is normally full.

The province is currently reviewing its programs to consider expanding services in order to accommodate a number of groups. These include victims of family violence, abused adolescents, de-institutionalized psychiatric patients, refugees arriving in Gander, and rural families visiting hospitalized patients in St. John's.

During the IYSH the province sponsored a number of public education efforts, including a poster and essay contest for students as well as a competition for architectural professionals to develop an innovative social housing design. A number of local groups were also subsidized by the province, allowing them to send representatives to the September, 1987 IYSH conference in Ottawa.

NOVA SCOTIA

The Halifax-Dartmouth Demonstration Project, an $11.5 million undertaking financed by CMHC, the province, and local governments, is described elsewhere in this report. The Province is also providing funding, as is the federal government, for Hearth Homes in the Annapolis Valley. This project was also described in an earlier section of this report.

The Province of Nova Scotia also funds a Family Benefit Shelter Program which allows those on social assistance to attain homeownership. Social assistance payments can be used, in this case, to contribute to income for eventual purchase of dwellings. An allocation of $6 million for 200 units has been made to-date; mortgage funds are committed which provide for 100% financing of new or existing units. Maximum purchase price, originally $30,000, has been increased to $40,000 because of the difficulty encountered in securing reasonably-priced land. The Province, which also maintains a subsidy once the unit is purchased, intends that the housing component of social assistance payments can be put toward ownership rather than simply for the rental of substandard accommodation.

The Province maintains Minimum Shelter and Emergency Shelter Programs which finance loans to agencies for traditional overnight shelters and for transitional or second-stage housing. This scheme also permits the cost-sharing of losses.

The Second Mortgage Program allows an applicant, with at least $1500 in equity, to borrow up to $17,000 on a house with a maximum purchase price of $85,000. This program permits an applicant to achieve virtually 100% financing on a home.

Another project, called "Parent Apartments," provides 6% loans up to a maximum of $10,000 for families who wish to create an accessory apartment for parents or in-laws within their homes.

The Province also operates a small homes program, which guarantees financing up to 100% for the construction of small, NHA-standard homes (600-700 square feet at a cost of $30,000-$40,000) by community non-profit corporations.

PRINCE EDWARD ISLAND

The Province and CMHC jointly funded a conference for those involved with social housing. In 1986 and 1987 the CMHC/provincial allocation for non-profits was 204 units. With respect to homelessness, provincial authorities believe that the small size of the province, as well as the strong family network which exists, has kept the problem to minimal proportions. The few homeless in PEI, they believe, tend to be transients or substance abusers.

QUEBEC

A $15.5 million CMHC/provincial program has been undertaken to develop long-term solutions to the housing problems of the homeless. It is expected to result in the production, by non-profit organizations, of 260 homes with 1300 units. In addition, there is a $2 million provincially-funded program to provide equipment (principally in kitchens) for existing housing for disadvantaged groups. Quebec has also allocated $100,000 for a fund to increase public awareness about homelessness; and $400,000 has been earmarked for the special needs program.

The voluntary sector has been active, particularly in Montreal, to provide hostels and to preserve the remaining stock of rooming houses. Shelters which have operated for a number of years include Chez Doris, Auberge Madeleine, Maison Marguerite and Maison de l'Esplanade. In more recent times several non-profit groups are renovating rooming houses: these include Un Toit pour Toi, Ma Chambre, Chambreville, and Chambre en fleur. A larger group, La Table de Concertation sur les Maisons de Chambres, has been formed to lobby and advocate for those affected by rooming house closures. In addition, an umbrella organization of 80 individuals and groups concerned with homelessness has been established in an attempt to coordinate their efforts, to share information, and to avoid duplication (Le Réseau d'Aide aux personnes seules et itinerantes de Montréal).

SASKATCHEWAN

The Province does not consider homelessness to be a significant problem. Most of the homeless, provincial officials have observed, are Natives and alcoholics. Local groups and voluntary organizations run homes for abused and battered women in several cities: there are two in Regina, two in Saskatoon, and one in Swift Current, but funding for these facilities is considered tenuous.

Many Indian families have migrated from reserves to cities like Regina. A 1983 study found that 81% of these households had incomes below the poverty line and a substantial number are now homeless. Only 103 units of urban native housing were allocated for Saskatchewan in 1987, compared with 137 units in 1986, and 170 in 1985.

Meanwhile the native families are queued up on various housing waiting lists. The Silver Sage Non-Profit Housing Corporation, for example, has 1,350 families waiting for dwellings. Others have signed up for units provided by municipal non-profits. But the wait may be long. The City of Regina has estimated that 1,800 units are needed by low-income households; most of them are Natives.

APPENDIX II

PROGRAMS IN BRITAIN

Housing Aid Centres

An essential service for the homeless and the potentially homeless is provided by publicly- and privately-run housing aid centres, which are often dependent upon government funding. Predicated on the notion that homeless individuals and families require information and access in order to overcome their lack of power within the system, the centres are located in all major British cities. This concept assumes that the existing establishment, in the form of the health and welfare services, local governments, housing associations and the like, is a continuing fact of life. If this presumption is taken as given, then homeless people must, in the interest of self-preservation, know whom to deal with and how to manipulate the system in order to secure their rights.

The housing aid centre concept is particularly well-developed in Britain. Principal among a plethora of small organizations is SHAC (The London Housing Aid Centre). It was established in 1970 by Shelter and the Catholic Housing Aid Society. SHAC offers advice and assistance to the homeless and those with various other types of housing problems. The organization helps to focus national attention on housing and related issues by lobbying central and local government, by testifying to public bodies, by organizing and participating in conferences, by conducting research and publishing its findings.

Among SHAC's research products are a number of reviews, like Bed and Breakfast: Slum Housing of the Eighties (1985), which shed light on housing and

related issues, assist in educating the public, and help to focus the national debate SHAC also engages in reform activities, attempting to effect fundamental changes in law and administrative practice. A Fair Hearing (1977), for instance, documented possession hearings and eviction proceedings against tenants and suggests radical reforms to the law. SHAC has undertaken an analytical and advocacy role dealing with housing practices, policies, and programs. Its Capital Decay (1986) examined London's housing stock and proposed a ten-year remedial strategy; and SHAC's What Price Housing? proposed improvements to the existing system of housing finance. The group publishes and distributes pamphlets which describe one's rights under the law; booklets have been written on such topics as "dealing with local bureaucrats," on supplementary benefits, and on rights to repair. It also produces guides to shelter alternatives, such as one on women's hostels in London, which provides information on facilities, admission policies, support services, and key contacts.

SHAC receives 6,000 enquiries annually and gives advice to and/or attempts to find shelter for a diverse group: specifically, old age pensioners and pregnant women as well as those "threatened with homelessness" within 28 days. Its clients are usually from inner London. About half had previously contacted their local authorities but their requests for assistance were denied; of the remaining half, SHAC referred 91% to local governments, after first providing advice on effective procedures to secure aid. Eventually, of the 1650 cases taken on by SHAC annually, 30% are accepted by local councils for rehousing. The group often undertakes negotiations with local government officials (in 41% of its cases); in 8% it appealed directly to senior officers and elected councillors. Almost 40% of those households previously rejected were

ultimately accepted by the boroughs following SHAC's intervention. The profile of SHAC's clients is shown below:

Household type:

Single females under age 60	26%
Single males under age 60	18%
One parent family	15%
Two parent family	15%
Childless couple under age 60	12%
Other	14%
TOTAL	100%

Tenure

With Tenure:	
private tenants	34%
local authority/other	19%
Without Tenure:	
doubled up/living with others	26%
literally homeless	6%
squatting/hostels	12%
other	3%
TOTAL	100%

Employment

Employed	
full-time	51%
part-time	3%
Unemployed	36%
Students/others	10%
TOTAL	100%

Ethnic Origin

U.K. born:	
white	60%
black	7%
Asian	1%
Foreign born:	
Caribbean/Latin America	7%
Irish	5%
Asian	4%
African	4%
Other	12%
TOTAL	100%

Homeless Status (based on SHAC's review of case):

Statutorily homeless	36%
Threatened with homelessness (28 days)	21%
Anticipated homelessness	39%
Household Split	4%
TOTAL	100%

Summary of Housing Problem

Homeless	26%
Obtaining access	19%
Security of tenure	16%
Conditions	9%
Mobility/transfer	8%
Financial	5%
Relationship breakdown	5%
Problem with housing benefits	3%
Other	9%
TOTAL	100%

Nature of Dispute with Local Authority

Homelessness	27%
Intentionality	23%
Local Connection	16%
Discharge of duty	13%
Priority Need	10%
Other	11%
TOTAL	100%

Because London authorities operate in a situation of acute shortage, some form of rationing is unavoidable. But the evidence indicates that excessive ad hoc restrictions were being placed on access to emergency housing. These barriers were most effective in keeping out the single homeless. Local authorities retain considerable discretionary power, for example, in interpreting what constitutes a "local connection" or "vulnerability," as used in the law. Because of these ambiguities, SHAC has been involved as an

advocate, advising people of their rights to housing and welfare benefits, as well as to the means by which these benefits can be obtained.

It has been demonstrated repeatedly that, even with legislation on the statute books, the homeless population needs advisors and advocates. SHAC has been particularly successful in helping the elderly through the complex maze of regulations and negotiations with local authorities - 46% of its elderly clients were assisted by the boroughs after SHAC's intervention. The group was also helpful in those cases where people faced homelessness as a result of rent arrears or mortgage default. Detailed preventive work was undertaken in one-quarter of those cases; two-thirds of these attempts were successfully concluded. A further 38% of SHAC's clients were assisted in securing rehousing or other aid from their boroughs. Finally, SHAC also attempted to locate suitable alternative housing: one-tenth of all applicants were referred to hostels, housing aid associations, or to women's aid centres.

Another example of this type of facility is the Housing Action Centre at London's Portobello Road, which provides services for the borough of Kensington and Chelsea as well as part of Westminster. These areas have the country's highest concentration of single people. There were, in 1981, approximately 30,000 single-person households in the borough of Kensington and Chelsea.

The Housing Action Centre, established in 1970, advises tenants (both single persons and families) on housing problems, ranging from repairs, to racial harassment, to homelessness. Their callers are dealt with in one of three ways:

a) Some receive general housing advice and are then sent on to other public or private agencies (e.g. legal aid centres) which offer specialized services;

b) Some, who face imminent court action, are referred to solicitors who provide legal advice (free to those of low income). The Housing Action Centre has working relationships with solicitors, doctors, social workers and other professionals. The Centre is located in a building which also houses Social Services and medical offices.

c) Other callers are taken on as "cases" by the Centre, which negotiates on their behalf with private landlords and with the council.

The Centre does not engage in rehousing activity, as it is extremely time-consuming and is better done by specialized organizations such as Shelter, or by the local council's Homeless Unit. It does, however, maintain up-to-date lists of alternative accommodations and refers its callers to:

a) Hostels and night shelters; their list of emergency accommodations includes eight women's and eight men's hostels, as well as eight mixed facilities;

b) Medium stay hostels (two for women; four for men, and nine mixed) which allow stays of two to six months:

c) Housing co-ops which offer shared accommodations for single people, ethnic minorities, and/or gay men and women;

d) The Centre maintains a list of private landlords and accommodation bureaux which have inventories of flats and "bedsits" in the catchment area;

e) As a final alternative, the Centre refers people to "squatters groups." There are 8 mutual support organizations throughout London which provide advice on where to squat. Applicants are also advised of the existence of a central coordinating body (Advisory Services for Squatters) which can direct callers to squatting groups in particular districts of the city. There are many empty residential buildings in London which are used for squatting or for "shared

housing" schemes; some are council flats awaiting renovation; others are to be demolished; some have been bought by private developers but sit empty for long periods before redevelopment occurs. This alternative is considered preferable to sending applicants out to private rental agencies which require a deposit and advance rental payments: "This will," according to Centre staff members, "simply result in their being sent to a grotty flat from which they'll soon be evicted as rents increase." Housing advisors at the Centre have recently received training in the law relating to squatting so that they can better advise clients with respect to their legal position.

In addition to these referrals the Centre spends a great deal of time advising and representing applicants for housing and related services. Many of its cases are homeless persons or those who are "vulnerable" and therefore potentially homeless. It "opens a file" and takes on such cases if it appears that the individual or family qualifies under the act. In these situations, the Centre will negotiate with the local council to have the applicant certified as homeless under the Act, in which case the borough is obligated to provide accommodation. Often, the advisers will ask a particular councillor (representing the ward in question) to intercede with the housing department. The Centre itself has an understanding and cooperative relationship with the council and appears to work well with the bureaucracy. In order to make this arrangement work, the Centre's workers feel that it is important that they do not pursue useless cases, which clearly do rot qualify; but they do push on marginal cases, which might otherwise fall through the cracks.

The Centre's housing advisers also represent people who are overcrowded and/or in poor housing in order to find them a place in the council's transfer list. One of the principal complaints is of entire families being housed in a

single room B & B or hotel. The local authority is now paying up to one hundred pounds per night for hotel rooms in Earl's Court. In many cases they will pursue the council to ensure that needed repairs are completed; and in a few instances they will take court action against the council for negligence.

They also, with the help of Legal Aid, will represent clients in suits involving private landlords on charges relating to harassment, security of tenure, rent arrears, and/or amenities. Each rental unit is required to have hot water, a bath or shower, an indoor w.c., and a wash basin. Where such amenities are lacking, the council's Environmental Health Service will be called upon for assistance and will, if necessary, serve notice on the landlord. If the required work is not carried out, the council is empowered to complete the work and recover the costs from the owner.

Unlike many private sector agencies the Housing Action Centre has not experienced significant difficulty in obtaining operating funds. Its annual budget of 115,000 pounds is provided by the Borough of Kensington and Chelsea, which is quite supportive; local officials apparently feel that the Centre offers a useful service at a cost lower than the council would incur if it were forced to undertake similar work. Hence, it is a mutually beneficial arrangement, and one which is particularly interesting in that the two parties frequently find themselves on opposite sides of the negotiating table, attempting to resolve problems relating to the homeless and to council tenants.

The Centre has seven housing advisers and two administrators. The advisers come from varied backgrounds in youth counselling and from various types of legal, housing, and squatting advice centres. Two are Portuguese-speaking; this is a crucial service as the catchment area has a significant number of Portuguese who are not comfortable speaking English. There are also sizable

communities of Afro-Caribbeans, Moroccans, Spanish, Latin Americans and Filipinos. In fact, the 1981 Census indicated that almost half of the borough's population had been born outside the U.K. The district has the country's highest proportion of migrants and of foreign visitors.

In a year's time the Centre deals with over 6,000 callers and applicants. Of these, about 40 percent involve follow-up calls, and the remaining 20 percent involve the opening up of a case file and work with other agencies over a period of weeks or months. About half of all new callers require rehousing. Clients come from private rentals (40 percent), council housing (18 percent), hostels (5 percent), squats or no fixed address (9 percent), housing associations (8 percent), or they live with friends or relatives (15 percent). Client problems are categorized below; only the most significant problem is noted, though the needy typically face more than one housing problem:

Harassment	4.0 %
Security	17.2
Housing benefit	13.1
Rent/rates	12.7
Repairs	10.7
Homelessness	22.4
Rehousing	13.2
Other	6.7
TOTAL	100.0%

The distribution of client problems by housing tenure is shown below:

Problem	Public Sector	Private Rented	Insecure Accommodation	Other
Harassment	--	8.6%	--	2.6%
Security	5.2%	32.2	0.8%	22.7
Benefits	31.9	10.4	0.6	8.9
Rent/rates	15.1	17.2	0.1	21.1
Repairs	18.7	12.3	0.1	10.8
Homelessness	3.0	5.0	75.6	10.4
Rehousing	13.6	8.8	21.1	11.5
Other	12.5	5.6	1.7	11.9
TOTAL	100.0%	100.0%	100.0%	100.0%

The essence of this profile is that most callers (especially single people) lack security of tenure; many live from day-to-day in tenuous, potentially violent situations. A large number face imminent eviction; many also are compelled to relocate because of marital or relationship breakdown.

The Housing Action Centre, which has been in continuous operation for seventeen years, is finding it increasingly difficult to house people, particularly single individuals and the homeless. Their recent experiences have evoked considerable frustrations. "As housing opportunities continue to narrow," according to staff people, their efforts seem like "apply(ing) a sticking plaster for a problem requiring major surgery."

The Housing Support Team

An interesting concept was developed by the North Lambeth Day Centre in 1981, when it established the three-person Housing Support Team (HST). This was initially funded by the Greater London Council, in response to its frustration, through its Joint Action Resettlement Team, at being unsuccessful in preparing individuals for the transition from homelessness to a settled life in the community.

HST's initial brief was to run training programs for homeless individuals about to move from DHSS resettlement units or hostels into conventional housing. Its second task was to assist these people in establishing links with their new community. HST's role has subsequently been expanded to offer training and other resources for staff within service agencies to enable them to provide more effective advice for people who are preparing to be rehoused.

When the project began the principal training model was adopted from social work practice; weekly groupwork sessions were conducted to review such subjects as "dealing with DHSS." The underlying notion was to involve homeless individuals in designing their own course. Four general areas were covered:

a) DHSS procedures and benefits;

b) Budgeting, insurance, banking, and saving;

c) Establishing links with new communities;

d) Setting up housekeeping: tenancy agreements, do-it-yourself repairs, fuel usage, shopping etc.

After 1982 this model was modified, with the introduction of a short, intensive course based upon in-service training concepts. This paradigm has been successful as a three-day course, with virtually no drop-outs, and with

more agencies providing referrals with each passing year (15 new organizations were added in the past year, compared to a total of 16 at the end of the first year of operations).

Two-day workshops are run for "people giving up drinking." These are offered jointly with staff from Alcoholics Recovery Project and the Alcohol Counselling Service. HST also developed a two-day course for homeless women, designed to increase their confidence and assertiveness. Health issues and the problems of moving into new communities are explored with these women, most of whom are below the age of 20.

Courses are free to participants, but referring agencies are expected to pay their bus fares so that the individuals are not out-of-pocket as a result of taking a course. All participants are provided with refreshments, lunch, and a folder of course materials. A strict approach toward drinking is taken in all workshops; if prospective members have had even one drink, they are not allowed in the building.

HST's clientele range from age 16 to 76. The typical participant is a white male between the ages of 35 and 40. Women (average age from 16 to 18) represent 21% of the total - this ratio increases each year. Ethnic minorities comprise about 13%. Participants are drawn from hostels and DHSS resettlement units all over London. During the past year over 300 people attended the various courses offered by HST at several city locations.

The Housing Support Team receives annual funding of 50,000 pounds from the London Borough Grants Scheme, which increases every year with the cost of living index. This source of funding appears to be secure, as the local authorities are convinced that HST provides a worthwhile service at a reasonable cost - about 160 pounds per student. The problem with HST, like

many small organizations, is that it is virtually impossible to enlarge its budget in order to expand services or to hire additional staff. To-date there has been no turnover in HST's staff. They have significant experience in training, counselling, and education.

The Housing Support Team has well-defined objectives for each course and assesses performance relative to those objectives. Staff members compile statistics on students, courses, student-tutor contact time, and drop-out rates. Course and workshop participants are asked to complete anonymous evaluations once their time with HST is finished. Some insight into the motivations and reactions of these participants is afforded by the following reactions to a three-day rehousing course, in response to the question, "What did you learn from the course?"

"Make sure you've got the necessities before you spend on the luxuries."

"Insight into DHSS and Housing Benefit."

"How difficult it is to take responsibility for myself."

"Look around for doctor." (when moving to a new area)

"It takes time to readjust."

"If you sit and do nothing you will get nothing."

"Become more aware of what to do when you get a flat."

"Give and take."

"How important it is to talk to people in the right way."

"Learnt about myself - there's people worse off."

"Become self-dependent not rely on others."

"Don't be put off after 3 months when you get bills."

"Transitions take a long time."

"If you go about things the wrong way you won't get things."

"Make sure you have got something to fall back on if you feel despondent."

"Sensible spending, budgeting and saving."

"Thinking first before you act."

Other Innovative Projects

A number of groups who are homeless, potentially homeless, or vulnerable (as defined in the law), are the subject of particular initiatives by various groups in Britain. Among these are a number of self-help housing projects, a network of facilities and services to assist homeless women, programs for prisoners and for youths, various efforts directed at ethnic minorities, and schemes designed for low-income elderly persons.

Self-Help Housing Projects

To some, it seems ludicrous that hundreds of thousands of people are homeless while Britain's housing stock includes three quarters of a million vacant dwellings. The Empty Property Unit initiates and supports projects to bring these "disused" dwellings back into use. It has worked with Shelter and with housing co-operatives on short-life housing and on longer term projects. In recent years the Unit has brought over 16,000 homes back to life.

With sponsorship from IYSH the Empty Property Unit has established the National Fund for Self-Help Housing Projects to enable homeless people to rehabilitate vacant dwellings in order for them to have their own housing. The fund provides resources to local groups to register as co-operatives. It offers loans for the purchase of tools and materials in order to repair dwellings to make them habitable. The Empty Property Unit has developed a set of Model Rules which it offers to prospective housing co-operatives and it is

prepared to assist members in establishing their co-operatives as legal entities. It also lobbies at national and local levels for legislation to facilitate the acquisition of empty properties.

Once the co-operative is formed, other organizations are available to provide architectural and development services, as well as assistance in securing improvement and other grants from the local authority.

Another self-help housing project has been undertaken by the Walter Segal Trust in London's Lewisham district. The first effort, completed in 1981, rehoused fourteen families from a waiting list of 138 applicants, on four small sites owned by the local authority. The people constructed their own timber-framed houses, with voluntary assistance from architects and planners. No personal capital was required, though those without building experience were required to attend classes to learn carpentry, plumbing and related skills. One of the self-help builders, Ken Atkins, noted that many people learned a great deal from the process: "It was a good exercise in teaching people how democracy works. More people should be involved in the process of forming the environment they live in. I went through a process of adult education."

A second self-help project is now underway in London. In addition, the Walter Segal Trust has organized a national campaign to replicate these projects, to set up practical building courses across the country, to provide technical support, and to work with building societies and housing associations which provide the necessary financing.

Programs for Women

Women are often referred to as the "hidden homeless." Battered wives with children are frequently compelled, out of economic necessity, to remain with a

violent husband. Those who move out live in extremely cramped quarters with relatives or friend, rather than resorting to the sometimes dangerous life in hostels or on the streets. Hence, they are often excluded from statistics on the number of homeless people.

Housing choices for single women are particularly limited. They tend to be living on low incomes and cannot afford to buy a home or to rent one in the private sector. Female one-parent families represent a significant proportion of those homeless households which are placed in bed-and-breakfast accommodation or hotels. Because traditional hostels in Britain were typically limited to men, women's hostels are few in number; the ten largest in London are for men only.

Recently, a number of women's groups have been formed to assist those who are without homes or are potentially homeless. Some of the more progressive London boroughs (e.g. Camden and Greenwich) have formed Women's Units to provide assistance. Other local authorities have produced lists of women's shelters and information handbooks describing how and where to obtain assistance in finding shelter and benefits. A number of private initiatives, like Homeless Action and Accommodation (in London) and Welsh Women's Aid (in Cardiff) have been established. Some provide advice and counselling. Others run refuges for battered women and their children.

The Homeless Women's Housing Fund, supported by IYSH, is helping women to meet their own housing needs. Among the initiatives undertaken in 1987 is the International Women and Housing Conference, "Our Homes: Our Selves." This meeting is designed to bring together women from across the country to examine existing projects and their achievements, to identify future priorities and goals, and to develop an organization for effecting this program.

Another gap in existing services is being addressed in a joint effort by the British Refugee Council and the Family Housing Association, with assistance from IYSH. They plan to build an 18-bed hostel and day centre for homeless refugee women and children. The residence is to be developed with government funding, while private sources are being tapped to build a creche, classroom, small library, and office. Refugees from Iran, Afghanistan, Eritrea, Ethiopia and other parts of Africa are being accommodated.

Housing Assistance for Prisoners

The prison population in Britain has grown dramatically in recent years, from 33,000 in 1966, to about 50,000 in 1987. Among the most troublesome problems for these people, as they prepare to leave prison, is to locate housing and employment. The National Association for the Care and Resettlement of Offenders (NACRO) was established in 1966 to attend to these needs. With public and private funding NACRO employs 6,500 staff to run 260 projects across Britain, serving approximately 16,000 people. NACRO operates housing, employment, and education schemes like those described below in its North London Education Project.

Through its Prisons Link Unit, NACRO works with prisoners prior to their release in order to alleviate or preclude some of the problems typically encountered on re-entering the community. (One survey found, for instance, that 91% of serious repeat offenders encountered problems of homelessness). The Unit has established relationships with prisons, with parole officers, and with community-based agencies to set up systems which provide advice and services to prisoners - in housing, employment, education, and benefits - while they are still in prison.

Because of a Home Office moratorium imposed in 1983, however, some of the planned expansion in these programs has not been funded. NACRO has, instead, approached a number of major trusts and foundations to sponsor pilot projects and new initiatives. Among these is The Housing Aid in Prisons Project, established in Birmingham. It was intended to address the problems of prisoners who were found to be isolated from the mainstream housing system. Surveys of the prison populations have determined that:

- On release many prisoners have nowhere to live.
- They perceive accommodation as a major problem and are not willing to live in institutionalized shelters with rigid regimes.
- Prisoners with the worst housing problems tend to have less contact with the prison welfare service, as they feel it is irrelevant to their needs or desires.

The Housing Aid in Prisons Project examined ways in which prisoners could obtain access to housing. Mechanisms were developed for linking prisons (and the parole service) with housing associations not only at a day-to-day operational level, but also with respect to policy and planning - in order to establish the claims of prisoners as a legitimate part of housing policy. Equally important has been an examination of ways of ensuring that prisoners have access to the housing aid service and the most effective methods of working within the constraints of prison regimes. (Source: Report of the Work of the Housing Aid in Prisons Project, NACRO, n.d.)

Educational Programs

One of the most interesting projects underway in Britain is the North London Education Project (NLEP), located in Hackney. Established in 1980, NLEP was

originally intended for women prisoners on day release from the nearby Holloway Prison. This concept was expanded to include both male and female ex-offenders, between the ages of 16 and 64 (those under 16 or over age 64 are dealt with by the Social Services network).

The project's principal purpose is to provide education, with backup accommodation, for ex-offenders. NLEP consists of the following components:

- Two six-bedroom houses, and a two-bedroom flat, located in Islington (provided by Circle 33 Housing Trust);
- Six three-bedroom flats in Hackney (provided by a housing association);
- An Education Day Centre, known as "The Basement," beneath the flats in Hackney;
- A formal link with North London Further Education College.

All residents are required to be enrolled in a formal educational program, up to 21 hours of classtime per week. This is an absolute pre-condition to obtaining - and keeping - one of the residential rooms. This program is very selective. Applicants must be highly motivated to pursue their education - even if it consists of basic literacy courses - and must be able to live compatibly in shared housing with minimal support. They must be willing and able to cook and to fend for themselves. There is no curfew, and rules are kept to a minimum. But alcohol abuse and drugs are not tolerated - about one-half of the residents are former heroin abusers. If a resident does not keep up his or her eduational program, the result is automatic eviction. Each individual has a study/bedroom and shares a kitchen and bathroom.

Residents are permitted to stay as long as they are enrolled in a full-time educational program. Once this course - normally high school level - is completed they are eligible for permanent rehousing through the local boroughs

and housing associations, provided that they are nominated by NLEP. These places, which are extremely valuable in London's tight market, are on permanent reserve for NLEP.

Referrals to NLEP are accepted from any source; over the past two years the pattern has been as follows:

Custodial (i.e. prisoners)	
Prison Education Department	51%
Prison Probation Department	10%
Non-custodial	
Probation Service	27%
Self-referrals	6%
Other sources	6%

The ethnic mix of those referred was as follows:

Ethnicity	Female	Male	Total
Asian	1	4	5
Black	15	49	64
White	58	153	211
Other	4	10	14
Not Known	1	11	12
Total	79	227	306

The outcomes of these referrals are shown below:

Accepted	50
Withdrawn	122
Non-residential	24
Refused	45
Reasons for refusal:	
Drug abuse	12
Lack of motivation	15
Nature of offense	3
Too much support required	12
Violence	3

Because of the lack of publicity and because of NLEPs relatively strict acceptance criteria, over one-quarter of the residential places have been unfilled over the past few years. Accordingly, the Project undertook a concerted publicity campaign with prisons, probation officers, drug rehabilitation centres, and other agencies. As a result, in 1985-86 the 75% "break-even" figure was met, and subsequently the project has been virtually full.

The staff consists of three project leaders and administrators, three education officers and workers, 1 part-time and 2 full-time workers with hostel residents. The staff members range in age from 23 to 35; they come from varied backgrounds, some are university graduates and most have extensive experience in working with young people.

Each resident is assigned a Personal Tutor; they meet at least once each week to discuss problems and to assess progress toward resettlement and

educational goals. The tutors maintain regular contact with the students' college lecturers, and each resident receives a written appraisal at the end of every term. Some students move beyond this level to take additional courses. Over the past two years 58 residential students pursued 40 courses at 10 different polytechnics, colleges and training schools.

A "College Link" is provided by one of the NLEPs Education Officer, who is employed by the Inner London Education Office (i.e. local government) but is permanently seconded from North London College. In addition to structured advice and support duties the Education Officer provides NLEP students with valuable inside information on new courses and qualification, on enrollment, and on grant application procedures.

During the summer months residents continue their education through work with voluntary agencies - with physically handicapped adults, for instance, or with organizations like Amnesty International. The project also locates placements for students and offers trips, classes, and a variety of programs. Many of these activities are undertaken jointly with the Day Centre, which is described below.

Known as "The Basement," NLEPs education day centre was established in 1984. Funding was obtained through the Inner City Partnership (GLC, the Inner London Education Authority, and the Department of Environment) to run from April, 1984 to March, 1988. The education project was intended to expand NLEP's work with non-residential students in the areas of educational advice and basic education provision; it was also expected to expand the range of facilities offered to residential students (in the existing NLEP housing) to include basic education and skills, and thus broaden the range of potential referrals to the project.

The centre is staffed by three full-time workers - an Education Officer, an Education Worker, and an Administrator - as well as by a number of part-time tutors. "The Basement" offers education advice. This is particularly useful to those who are returning to course work after long absences. The Centre has extensive information on education and training opportunities, and has developed links with local colleges, institutes, and training schools. It also offers basic education courses - reading, writing, and numeracy - to allow students to learn basic skills or to "brush up" before entering a higher level course. Classes are also offered in practical and vocational skills - typing, computers, cooking, sewing and photography. Additional classes are available in beauty care, weight lifting, and yoga, as well as a weekly "Jobspot" session where Jobcentre personnel describe current vacancies and offer career advice. From time to time various sociology, social studies, and black studies courses have been given, along with discussion groups dealing with politics and current affairs. Average weekly attendance is now above 60. "The Basement" also offers creche facilities for single parents.

In the past year the Day Centre, which is open to any adult in North London (though it is aimed particularly at ex-prisoners), was used by 321 people, evenly split between males and females. About 14% were under age 19, 39% were in the 19-24 age group, and 35% were 25-35. About two-thirds are black, 4% are Asian, 23% are white, and 10% are classified as "other." Most were self-referrals (55%); that is, people came in who wanted help in re-entering the educational system, or because they wanted to learn a particular skill. The other sources of referrals were: probation officers (20%), NACRO (8%), Hackney College (5%), and other sources (12%).

NLEP also offers advice on colleges, courses, and grants to a number of students (61 over the past two years) who do not require either a hostel place or the services of the Day Centre. They choose to pursue a college course using their own home or hostel as a base. The majority have been referred by probation officers, and most are enrolled in courses in North London or Islington.

For students in all of the above courses the project offers trips and activity-holidays as an integral part of the educational process. These trips also serve to foster a community spirit and to broaden the students' horizons. In the past year some students and staff members took a six-day trip to Brussels and Luxembourg in the Centre's mini-van; others went on a six-day Outward Bound-type exercise in Devon; and the remainder took a four-day trip to participate in a yoga course. Weekly sports evenings are held by NLEP at the local Leisure Centre, and occasional cultural events are also attended. Funds for these activities are not included in the project's grants, but are raised separately from various foundations.

Overall, the NLEP has been innovative and is now on a sound footing. It has succeeded in bridging the gap between education in prison and ordinary courses in the community. Most of those who have entered the program have "graduated" to permanent rehousing and further education or employment - after an average stay of about seven months. Some have returned to NLEP as formal or informal tutors to assist current residents and students. The project's aim, to provide "practice for independence," appears to have been met. As an example of the transition which has taken place in NLEP over time, they originally felt it necessary to have staff on duty every night all night, so that residents could reach them by bleeper phone for help in emergencies. In practice, this

was used in non-urgent situations and NLEP decided to try doing without this support service. Their experience has been positive; no real problems have developed and the residents have responded well to the opportunity to develop skills in independent work, living and education.

The major problem encountered over the past seven years has been lack of referrals. The reasons are evident: the notion of enrolling in an education course does not occur to most parole officers or to prisoners without any significant amount of education. This barrier has been overcome in recent years by conducting publicity campaigns and by developing outreach networks with prisons and the parole service as well as with a host of voluntary, social service, and educational institutions.

Efforts Directed at Ethnic Minorities

Almost half (46%) of the blacks in England are council tenants, but according to Ronke Phillips, writing in Shelter's journal, Roof (November/December, 1986), "they are still mainly confined to the worst property and have yet to catch up with the quality of housing by white tenants." In Black and White Britain (1984) the Policy Studies Institute found that 37% of whites, but only 10% of Asians, and 8% of blacks, were assigned to detached or semi-detached council housing for their first tenancy. About 20% of the blacks and 40% of the Asians were in public housing with occupancy levels of more than one person per room, in contrast to only 6% of whites.

In response, the Federation of Black Housing Organizations (FBHO) has been formed in London as a pressure group to induce housing providers (public and private) to allocate more housing funds and related resources to housing for blacks. One of the FBHO members is the Sahara Black Women's Collective which

is an all-black organization providing refuge for single women as well as women with children. Sahara's motivation and brief are evident in its statement of purpose:

> "The need for an all black women's refuge was evident, given the increasing number of cases of black women suffering racial harassment at other mixed refuges. We have now been operating as an all black women's refuge for eighteen months and the referrals we have received during this period only go to confirm that our decision was a positive one and a step forward for black women." (Roof, January/February, 1987)

A related group, the Black Roof Housing Co-operative, which grew out of the squatting movement, advocates self-determination. "Black people are now prepared to take on their own housing problems," according to Jheni Arboine of Black Roof, "and we no longer want or need white missionary types to treat us like poor people with problems that we're not capable of solving ourselves."

According to the January/February 1987 Roof, "a recent consultative meeting between black housing organizations and members of the Housing Corporation confirmed the provision of 1 million pounds extra "Mini-HAG" (Housing Action Grant) funding for black ethnic minority groups in short-life housing... The Housing Corporation has also agreed to provide 100,000 pounds a year for the next three years to encourage the development of black housing organizations." This message is similar in a fundamental sense to many pleas from homeless individuals and even from council tenants: they want a fair share of the resources allocated to housing, in order to shape their own future, without undue interference from bureaucrats and others involved in housing funding, planning or management.

London's Tower Hamlets is the home of 50,000 bangladeshi. Because the local authority has allocated relatively few council housing units for the homeless, many of these people (approximately 1,000 families in 1987) have been placed in

bed-and-breakfast rooms all over the southeast of England. This situation is devastating for these people, many of them recent arrivals who speak only Bengali; they are isolated from their community, their Islamic schools, and religious institutions which are crucial elements in their culture.

In addition, about 200 Bengali families are living in short-life accommodations within the City. Some have been there for a long as five years, in housing which lacks basic amenities and has been abandoned, perhaps for good reason.

The Brick Lane Housing and Community Trust, which is seeking funding through IYSH, is a Bengali-run charitable institution designed to assist these families. To relieve the problems of those confined to one-room "bedsits," the Trust has secured an 75% mortgage commitment from a building society to construct a residential building for 25 families, provided it can raise 150,000 pounds to meet equity requirements.

For those in short-life and squatters' housing, the Trust plans to create a revolving fund of approximately 100,000 pounds to repair units, in order to make them safe and habitable. Rents will be charged to repay loans, thus making the revolving fund self-supporting.

Handsworth Young Person's Accommodation Committee (HYPAC)

HYPAC was started in 1981 in the predominantly black area of Handsworth in Birmingham. It was established to provide short-term emergency and interim accommodation for single homeless black offenders (ages 17-25) who were assigned to the law courts or were being discharged from penal institutions. HYPAC also helps young black people who are seen as being "at risk" of conflict

with the law. These are judged to be particularly difficult cases, considered too "high risk" by already overburdened voluntary associations.

HYPAC was essentially concerned because there has been a rapidly increasing trend of homelessness among these young people in the 1980s, and because there is a marked correlation between homelessness and reconviction rates. In fact, a 1983 NACRO report found that "offending and being caught up in the criminal justice system, far from solving the problem of homelessness, actually leads to homelessness itself." (NACRO Review Group on the Residential Voluntary Sector)

HYPAC is predicated on the assumption that black youths in the deprived inner city areas of Birmingham - which have double or triple the national unemployment rates - encounter more than housing problems, though these may be the most visible. The organization provides accommodation for 86 tenants at one time; all black, about 80-85% male, about half below the age of 20. Between 1981-1984 HYPAC fielded almost 400 referrals; about one-third were from prisons and probation officers, one-third from housing aid centres, one-quarter were self-referrals, and the remainder from other agencies. It is interesting to note that only 4% of these individuals were living with parents; the remainder were in some sort of tenuous living arrangement (prison, hostel, no fixed address, bedsits etc.).

HYPAC deals with more than housing problems. Staff members, who are black as well, try to reach young blacks by instilling positive feelings and a sense of self-respect among those who have been written off by society at large. Offenders are seen as a risk - there is no guarantee of their paying the rent, for example. When the offender is black, the situation is extremely difficult as a result of stigmatization.

The typical HYPAC client stays in the offered accommodation for somewhere between six months and one year. The youths are given assistance in setting up their homes, in finding furniture, in receiving support, in representation with community agencies, and in acting as go-betweens with the parole service.

The results have been encouraging. An experienced black probation officer offered the following observation:

> "HYPAC is one of the projects I know in the locality where young people are offered the qualitative support that will help make a significantly good difference to their lives as well as confronting probation officers and their racist attitude. HYPAC does not let them off the hook. HYPAC's approach is up front and on one level - HYPAC approaches a client with the same directness and sensitivity as it would a probation officer. This is one of the reasons why HYPAC works."

A member of the Homeless Offenders Unit described the role of HYPAC as follows:

> "Its major contribution as a housing project is that it provides appropriate accommodation while ensuring that the offender's links with his environment, friends and relatives remain intact or are actually fostered. HYPAC is not just a housing project for black offenders; it is part of the black community's response to homelessness among its young people. It is not a "front" organization; it is the front."

Assistance for Low-Income Elderly Homeowners

One of the least obvious groups of potentially homeless persons is elderly homeowners. Many exist on extremely limited incomes and live in marginal housing: 43% of people over age 75 who are living alone are in houses built before 1919; 55% of owner-occupied property with an outdoor toilet, for example, is owned by old people. Elderly widows, in particular, face enormous problems in trying to maintain such properties. When their homes become dilapidated, they are put under closure orders and the occupants are forced to

move into institutions. The result, for both people and the housing stock, is tragic.

Care and Repair Limited, supported by Shelter and the Housing Association Charitable Trust, operates 25 projects to assist elderly homeowners who are in danger of becoming homeless. The organization recently received a grant of one million pounds from the Department of Environment, provided that matching funds can be obtained from individuals and private sources. The actual building repairs are paid through loans obtained from financial institutions and housing grants from local authorities. Hence, the monies provided from the public treasury are highly leveraged and have a substantial multiplier effect. Care and Repair Limited calculates that every pound contributed results in a total of 60-70 pounds of repair and building work. The group intends to double its inventory of projects within the next two years. It is generally acknowledged to be successful in maintaining the nation's older housing stock and in enabling the elderly homeowners to remain in their own dwellings.

Short-Life Housing

In 1986, Ross Fraser, in Filling the Empties (London: Shelter), noted that in addition to 30,000-50,000 squatters, there were approximately 25,000 housed by short-life groups. Short-life housing is the temporary use of properties which have been borrowed from their owners for 1-5 years. Owners are typically local authorities and housing associations as well as large property owners like British Rail. Properties are licensed or leased to an organization, usually a housing association or co-operative, which is responsible for management. Occupants, who are licensees of this association or co-operative, have no security of tenure.

Conditions in short-life houses vary considerably. Some have been extensively repaired and in use as short-life accommodation for many years. Others are patched up and held together on a makeshift basis. The rents paid by occupants to their associations or co-operatives reflect the length of tenure and state of repair. Smaller groups often do their own maintenance.

Once properties are repossessed most short-life associations attempt to re-house their members. Many of these organizations specialize in sheltering, usually in shared accommodations, such groups as women, blacks, gays, lesbians, or ex-offenders. What they have in common is the ability to organize and to utilize housing which would otherwise be empty while awaiting demolition, rehabilitation or a decision on its future. Short-life housing, then, is an alternative to homelessness. It is an attractive one for many people, given the sordid conditions and uncertainty implicit in other forms of temporary housing. But even the advocates of short-life housing do not consider it an acceptable alternative to decent, permanent homes.

A number of sources of information are available to those who wish to form small co-operatives and to obtain licenses on empty property. In order to establish a housing co-op it is necessary to have a minimum of seven members and to pay a registration fee. Other options are to form a housing association, and/or to apply for charitable status, which provides exemption from taxes and eligibility for certain grants from foundations.

In London, however, scores of these organizations have already been started and are competing for available properties. New groups, then, are being advised, unless they already occupy suitable housing, to locate an appropriate property and have an existing association license it from the owner.

A number of agencies have been formed to facilitate the use of vacant dwellings. Principal among these is the Empty Property Unit, which is a national, independently funded project working in partnership with Shelter, to bring empty properties into use. It is closely associated with the development of short-life housing -- both in assisting particular projects and by publishing information sheets, specimen legal agreements and other publications on the subject. The Unit also lobbies at national and local level for legislation and action on empty property. Another group has recently been formed in London, with IYSH support, to offer a short-life training program. Chisel Ltd. offers training in practical building skills, as well as the legal, accounting, maintenance, and management aspects of short-life housing.

In addition to several advisory organizations for short-life housing there are two "secondary co-ops" which provide architectural and development services to the primary co-operatives or associations. They provide advice and support also for Mini-HAGs. These are grants provided by the Housing Corporation (in association with the Department of Environment) to finance short-term repairs to properties which would otherwise remain vacant.

Other sources of funding are:

1) Rental income; the simplest method to finance the repair of short-life housing is to borrow the property, repair, manage, and rent out the housing at a rental level which will pay for repairs, maintenance, and management.

2) to tide over the co-operative or association during the start-up period it is possible to obtain loans. The Empty Property Unit administers a Report Loan Fund on behalf of The Housing Association's Charitable Trust.

3) Local authority grant funding, with assistance in some cases from central government.

4) "temporary letting schemes" are run by housing associations in order to give homeless families a short-life home until adequate permanent accommodation can be located. These projects typically include a mix of DHSS, local authority, and rental income funding.

5) A Housing Association grant for funding of "partial repair works" which is available from The Housing Corporation.

The Cardiff and District Short-Life Housing Association: This group's brief history illustrates how the process works. The organization (a registered charity) was started by volunteers working in their spare time, funded by grants of 1,000 pounds from The Housing Association Charitable Trust and 3,000 pounds from The Empty Property Unit. In mid-1985 Cardiff City Council provided 10,000 pounds which was used to hire the first employee. In 1986 an Urban Aid Grant from central government was approved, and two more staff members were added.

By March 1987 the group had 16 dwellings in use, housing 60 people. During 1985 they received 90 applications, which included 60 single men, 19 single women, and 11 childless couples. Of these they housed 32 single men, 7 single women, and 3 childless couples.

The Association loans empty buildings, for periods of 6 months to 2 years (depending upon the extent of repairs required), pays for the necessary repairs, and houses homeless people in the dwellings, after fitting them out with furnishings, appliances and carpets. All of the houses have shared kitchens and bathrooms. Weekly rents (including "rates" or property taxes) are 16 pounds for a single room, 20 pounds for a "double room," and 25 pounds for two rooms. Residents split up the electric and gas bills. All residents are required to sign a statement acknowledging that they are licensees, not

tenants, and agree to leave the property when the lease expires. The Association will then find them a new place if possible.

The Association has been successful because it provides a useful service. Its arguments for short-life housing are that empty houses are often vandalized, may be the subject of complaints, and may be occupied by squatters. In contrast, when the Association takes over a building they repair and maintain it, pay the property taxes and water bill, occupy it quickly, heat the premises -- thus preventing deterioration -- and return the building empty at the agreed time with agreed notice.

This solution has proven attractive to Cardiff City Council, in particular, because it represents an alternative to bed and breakfast hotels for homeless families. In 1986 the Council spent more than 321,000 pounds on BBA -- about 5,000 pounds per family. Moreover, the short-life alternative allows it to turn over (for a period of 2 or more years) houses which it could not afford to repair; and, while being used to house the homeless, these dwellings represent additional property tax revenue for the city. (South Wales Echo, Sept. 10, 1986; Jan. 8, 1987; The Cardiff and District Short-Life Housing Association Ltd. First Annual Report, 1986).

APPENDIX III

PROJECTS DEALING WITH HOMELESSNESS IN THE UNITED STATES

Homelessness in the United States is now a national phenomenon. It can no longer be ignored or passed off as a situation peculiar to a few large cities. A report released in late 1987 by the Physicians' Task Force on Hunger in America found hunger and homelessness to be widespread. The study was based upon field investigations in four regions: Texas and Louisiana, where the oil and natural gas industries have declined; the midwest, where the family farm is threatened; Pennsylvania, Ohio, and West Virginia, where thousands of steel and mining jobs have disappeared; and California, where service workers are paid only the minimum wage.

The Task Force found that, despite 58 months of economic expansion (from 1982 to 1987), millions of Americans -- especially infants, the elderly, and former blue-collar workers diverted to the service sector -- still do not get enough to eat.

> "Economic growth," the report concludes, "has not reduced hunger in any significant way because of the nature of that growth ... The economic pie has gotten bigger, but the unevenness of that growth leaves millions falling further behind."

St. Vincent de Paul Men's Center, Los Angeles

Traditional shelters are still the norm in U.S. cities. Some critics argue that such shelters perpetuate the "revolving door syndrome" where individuals move from shelters to the streets, to hospitals or jails, and back again. Nevertheless, shelter managers argue that, as long as people are on the

streets, their services will be needed. Indeed, many shelters have enlarged their facilities and expanded their services.

A representative shelter is the St. Vincent de Paul Men's Center in Los Angeles' skid row. Its purposes, since its inception in 1955, have been:

> "- To serve the single and unattached man, particularly the poor, indigents of Skid Row, prisoners in jail, the aged, the lost and wandering.
>
> - To provide peer and professional rehabilitative counselling and valuable support services.
>
> - To help the men become psychologically better-adjusted and to live happier and more productive lives in the community."

The Center provides dinner, showers, and shelter beds to 85 homeless men each night; in addition, there are 60 "day beds." Its 220 volunteers (most of whom are housewives or retired people) serve about 175,000 lunches annually. The Center offers counselling, referrals to medical, dental, detoxification and rehabilitation programs; there are facilities for storage of luggage and valuables as well as an address which the men can use to receive mail. The Center plans to expand to a 24-hour program which includes a "medical clinic, job resource and information, kitchen, day and night beds, laundry room services, a chapel, separate shower and restroom facilities for men and women."

Since late 1984 the Center has had a link with the Los Angeles County Mental Health program as well as a "basic education and urban survival class" sponsored by the School District. The Center's annual report noted, however, that only 3 of 70 people served by the education program had "found work, been provided with income maintenance, or referred to health program." These disappointing numbers clearly demonstrate the futility of relying upon shelters as an agent of change.

Project Self-Sufficiency, Los Angeles

This program is described as "a public/private partnership to help single parents become economically self-sufficient." It was organized during 1985 by the Community Development Commission of Los Angeles County in partnership with a public-private task force. Its primary objective is "to help motivated low-income single parents move off welfare and become self-supporting." The partnership is directed by representatives of 17 public and private agencies, including United Way, the Los Angeles Departments of Community Services and Public Social Services, the YMCA, Salvation Army, the Apartment Association of Greater Los Angeles, the Watts Labor Community Action Committee, the Mexican American Opportunity Foundation, and the Private Industry Council.

The project aims to make more effective use of existing programs for housing, job training, and child care "by tying them together into a coordinated support package." It is directed at single parents because they are particularly needy: over 25% of families with children in Los Angeles County are headed by a single parent. Of those families with children under the age of six, nearly half have incomes below the poverty level; in parts of the County, the proportion is as high as 65%.

The project began with a pilot program dealing with 200 single parents. Eligibility criteria include the following:

> "An applicant must be a single parent aged 16 or over; not be pregnant; have one or two children, at least one of whom is under the age of eight; have basic English literacy skills; have an acceptable tenant history; be willing and able to take advantage of available child care and job training opportunities."

Personal and vocational counselling are offered to help individuals find employment or training leading to a job which pays enough to meet their family needs. Participants are required to undertake a Single Parent Life-Skills

training course "to enable them to sustain the combination of working and parenting over the long term." Eight workshop sessions deal with the following subjects:

- Personal assessment and goal setting
- Balancing roles and stress management
- Informal networks and community resources
- Working and moving ahead, and child care
- Legal rights, responsibilities and remedies
- Budget management and consumer awareness
- Physical and mental health care and prevention.

The project is predicated upon the belief that "for a single parent, training, child care, transportation, and housing must be in place at the same time in order for the parent to remain in school or work and still fulfill family responsibilities." In addition to coordinating the provision of these elements, the program provides single parents with "mentors who have been successful in managing work and family life and who can help link participants to networks of work and community contacts." The final objective of the program is to "develop a realistic long-term career plan and the life management skills that will enable them to sustain and improve this package over the long term."

The applicants have the following characteristics:

Gender:	99% female; 1% male
Ethnicity:	50% black; 27% hispanic; 9% white
Age:	16-20 years (1%); 20-25 years (42%); 26-30 years (44%); 31-40 years (11%)
Family Size:	2 children (60%); 1 child (40%)

Work Status: Not working (88%); currently working (12%)

Income Source: AFDC (87%); employment (12%); child support (3%)

Funding is provided by public and private sources. HUD initiated the project by offering 200 Section 8 Existing Housing Certificates (for rental assistance) with a value of $5 million over 5 years. The annual operating budget of $450,000 is being funded by private foundations and corporations.

The Denver Emergency Housing Coalition (DEHC)

Since 1978 the DEHC in Denver, Colorado has provided an alternative response to the needs of homeless families. With 37 housing units the Coalition serves over 500 families annually. Its program combines shelter and social services support through a partnership of public, private and non-profit entities designed to provide services at "an economy of scale."

The emergency housing program consists of 20 units leased at $200 per month from the Denver Housing Authority (in a conventional public housing project) as well as 9 units of single family housing on a second site. The 9 units are leased at a nominal cost from a local philanthropic foundation.

Seven social service agencies participate in the Coalition: the municipal Department of Social Services, the Salvation Army, the Catholic Archdiocese, Travelers' Aid, the Community Ministry of Southwest Denver, the local Indian Health Board, and the Denver Indian Center. DEHC provides each agency, under contract, with one or more units of emergency housing for their clients. In return, the agencies agree that all emergency housing occupants will be families with children, that their stay will be limited to 45 days, that the family may stay in the housing only once per year, that agency representatives will make at least one weekly home visit and "must execute a weekly plan and

contract with each family," and agencies "must pay the cost of any extraordinary damages to the units caused by their clients." DEHC, in return for the rent paid by each agency, provides on-site staff, including a social worker and maintenance people.

The distinguishing features of this program are the multi-agency approach and the housing arrangements. Each family has an individual unit, with privacy and security. They are free to come and go. It has been found that two-thirds of the families served to-date have been able to secure stable income and permanent housing before they leave the DEHC emergency program. A significant shortcoming of the plan is that the Coalition itself lacks security of tenure: all housing units are leased on a month-to-month basis, and may be taken away with only 30 days' notice.

The Coalition also operates 9 units of transitional housing which accommodate about 40 households per year. This program is used by families coming out of the emergency housing who have secured employment (or income) but have not yet been able to find affordable housing. Their stay is effectively limited to 3 months. After that time the nominal rents escalate dramatically as an added incentive to move into permanent housing. During their stay, families in transitional housing work with the Coalition's social worker to fashion a plan for securing permanent housing and employment. Counselling is also provided in such areas as budgeting and finance, job skills, and maintenance of family stability.

DEHC is not a costly program. As noted in its annual report, "the beauty of the model lies in its efficiency. It allows local government to contract for services, rather than developing an in-house program." The annual cost to the City of Denver is about $60,000. As a non-profit corporation, the DEHC

receives its income from rents, from the United Way, from a contract with the municipal Department of Social Services, and from local philanthropic organizations. The Coalition employs 5 full-time and 2 part-time workers, including a property manager, social workers and their aides, maintenance staff, and a coordinator of volunteer services, who recruits volunteers for counselling, administrative, and maintenance tasks.

Transitional Housing for Battered Women, Austin, Texas

The Center for Battered Women opened in 1977 and now employs 10 full-time staff, and frequently houses up to 30 people at a time. The Center provides shelter, counselling, legal and medical assistance, and criminal justice advocacy. Special attention, in individual and group sessions, is given to alcohol and substance abuse awareness and the effects of violence on children.

Because most women requesting shelter are turned away, however, the Center formed a partnership in 1985 with the Austin Apartment Association to provide transitional housing for women who are ready to leave the shelter. The Center previously tried to run its own transitional housing. As amateurs, however, the Center's staff found this to be an extremely difficult and time-consuming undertaking. Finally, it hit upon the notion of leasing apartments for "graduates" of its shelter. Units are leased for one year or longer from members of the Austin Apartment Association. The apartment owner agrees to rent a unit to the Center for one year at below-market rents -- usually at a level equal to two-thirds of prevailing market rents -- in 1985-1986 the maximum rents were $150 for an efficiency, $200 for a two-bedroom unit, and $300 for a three-bedroom apartment. In return for a one-year commitment, the owner receives a tax receipt for the full amount of the tax concession -- the

difference between the market rent and the rent actually received. This amount is deductible for income tax purposes.

By Winter 1987 more than 25 women and 75 children were housed for up to six months through this program. Only those women who have stayed at the shelter for at least 30 days or who have been in counselling at the Center's Outreach Center for at least three months are eligible. The women also have to agree to a lengthy list of conditions:

> "The woman must do one of the following before being accepted into the Transitional Housing Program: 1. File for divorce; 2. File for protective orders; 3. Husband must not be living in the same city;
>
> "The woman must agree not to tell her husband where she is living...
>
> "The woman must agree that, should she choose to reconcile with her husband, they may not under any circumstances remain in the Transitional Housing unit...
>
> "The woman agrees to accept counseling, either at the Outreach Center or in direct phone contact with her counselor a minimum of twice a month..."

The Center for Battered Women agrees to screen the women beforehand, to inspect the apartment from time to time, and to guarantee the security deposit. The owners receive not only a significant tax benefit, but also have tenancy and security deposit guaranteed for at least one year, with a real possibility of permanent occupancy.

Homeless Health Care Project, Newark, New Jersey

The Newark Homeless Health Care Project was established in 1985 with nine health care sites in shelters and soup kitchens strategically located throughout the city where the majority of the homeless congregate. The project expanded its services to two additional shelters during the summer of 1986.

The health teams consisting of five physicians, five public health nurses and two social caseworkers deliver services on-site. Medical teams take medical histories, perform screenings and counselling, physical examinations, basic treatments and appropriate referrals. The social caseworkers counsel clients in areas of nutrition, employment, entitlement, housing, appointment keeping, and make referrals to the appropriate social and financial agencies.

During the 12 months ending May 30, 1987 the project assisted 8,480 (unduplicated) homeless individuals and families with medical and social services. Follow-up visits were held with 3,043 clients as a result of aggressive outreach work by health teams and social workers.

A key objective of the project is "to facilitate access of the homeless to other needed services and public benefits." During the past year the services offered are shown (as raw data) in the table below:

Services	June 1986 - May 1987
Veterans Benefits	52
Social Security	131
County Welfare (AFDC)	357
Permanent Housing	447
Drug and Alcohol Rehabilitation	119
Mental Health	143
Clothing	3,500
General Assistance	2,700
Food Stamps	2,700

The project has achieved a number of successes. Its principal shortcoming, however, is the continued "unavailability of mental health beds for long-term stay, and the rehabilitation services needed once the clients have been released."[1] This experience clearly demonstrates the need for related facilities as well as the requirement for continuity of service.

Project MAIN (Mobile Assistants in Nutrition), Portland, Oregon

One of the problems faced by frail elderly people and disabled persons is shopping often enough to maintain the desired levels of health and nutrition. This is important to maintain their health and thus to preclude their being forced to give up their homes for institutional living. Project MAIN was a 12-month demonstration which employed students, ages 14 to 19, to research, plan and operate a grocery delivery and escort service for the elderly and disabled. The students were trained in gerontology and nutrition, for which they received academic credit.

The young people worked 8 hours per week after school, and 20 hours per week during the summer. They earned the minimum wage. Project funding was provided by private foundations.

A collaborative arrangement was devised, involving an urban university, a social service agency, and a local high school. During the year-long demonstration, 238 elderly and disabled persons were served, and the students found the work and learning experiences to be extremely valuable. Unfortunately, Project MAIN suspended operations in 1987 "due to a lack of dependable, long-term funding."

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[1] Source: Annual Progress Report, Newark Homeless Health Care Project, June 1986 - May 1987.

The Philadelphia Task Force on Homelessness

One must be wary about generalizations when discussing the response to homelessness in American cities. Some municipalities, particularly in Florida and the Southwest, have enacted ordinances or adopted policies designed to keep the "transients" and "welfare cheats" out of their communities. Other cities have been compelled, by court order, to offer shelter and social services. In the case of Philadelphia, however, a public-private task force was assembled by Mayor W. Wilson Goode, the son of black North Carolina sharecroppers. Goode was stirred into action by The Advocates, a group of two dozen professionals, clerics, feminists, and social service workers who successfully lobbied with the press and with the city to ensure that the issue would not be neglected; their efforts culminated with a sit-in at the Mayor's office in 1984.

The task force, which included representatives of philanthropic institutions, city departments, private business interests, churches, and community activists, began by examining the nature of the city's homeless population. They found that about one-quarter had chronic mental illness, another quarter were members of family groups, 15% were alcoholics, and 37% were single adults whose main problem was lack of economic resources.

The task force then designed programs to meet the needs of these groups. Among the projects developed, typically funded by the city but run by private agencies, are the following:

- A shelter designed to accommodate people who were sleeping rough on the streets and attempting to keep warm near sidewalk heating grates.

- A residence of 20 "shopping bag ladies" is run by Catholic nuns in an abandoned school. Funding is provided by the city. The major obstacle to

this project was the vituperative opposition by residents of the affluent neighbourhood where "Women of Hope" is located.

- Washington House is a long-term residential treatment centre for homeless alcoholics. It is situated in a former motor pool which was renovated by the federal government. It is only one of two projects provided under the Department of Defense program authorized by Congress in 1984.

- Primary health care services on the streets and shelters of Philadelphia are provided by mobile professional teams, funded by a private foundation.

- Winter Weather Emergency Teams, consisting of police, social workers, mental health professionals, and addiction workers, patrol the streets of the city and remove the homeless to shelters. This method, which is followed whether or not the homeless individuals consent, has aroused considerable controversy.

- The City has also started to provide matching grants for the creation of permanent housing, particularly SRO units for the homeless, with an emphasis on congregate meals and the provision of social support services along with housing.

Professionals within the Mayor's office note that, after an initial burst of enthusiasm, "the emotional urgency seems to have gone out of the issue." They now are attempting, but finding it difficult, to provide long-term housing. Their "high hopes for a true interdisciplinary and interdepartment approach to the homeless, which might carry over to other difficult human needs clients, have been frustrated." They note that agencies still dump clients onto one another, with little thought given to coordination of services or reduction of redundancies. Further, they found that "there has been some infiltration of programs designed for the homeless by other needy individuals -- particularly

alcoholics -- who cannot find legitimate treatment opportunities in a continuing era of retrenchment in social services." Their experience does indicate, though, that small, locally devised programs with public funding, run by private agencies, offer an alternative to the massive federal projects of the urban renewal and Model Cities eras. But it also points out that such local efforts need several sources of support, and are likely to be frustrated if federal cuts in social service funds are allowed to continue.[2]

The Homelessness Prevention Program (New Jersey)

The New Jersey Department of Community Affairs instituted its Homelessness Prevention Program in 1984. It was initiated when officials noted a surge in tenancy cases filed against low-income households. They found that "many low- and very low-income families and individuals are less than one month's income away from homelessness because of the disparity between high rental costs and low income."

During its first year the program assisted 1,549 families at a cost of $1,643,173. These funds were spent on rent, rent arrears, security deposits, mortgage arrears, and related legal costs. However, only one-third of those who requested assistance were able to receive help, due to limited funding.

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2 Paul Sager and Marion Reitz, "The Philadelphia Task Force on Homelessness," Cities, February 1987.

Types of Assistance Provided by the Homelessness Prevention Program

Description of Assistance	Number of Households	Percent of Total
Rent Arrears Payments	326	21.1%
Security and 1 month rent payment	263	17.0
Rent arrears and court costs	121	7.8
Rent arrears, court costs and other costs	92	5.9
Current rent payment	86	5.6
Rent arrears and other costs	84	5.4
Security Deposit Payments	75	4.8
Rent arrears and current rent payment	65	4.2
Mortgage Payment	61	3.9
Security, 1 month rent and Housing Subsidy (3 to 6 months forward)	48	3.1
Various Combinations of Assistance	328	21.2
TOTAL	1549	100.0

At the end of the project's demonstration year a follow-up study was conducted. A response rate of 69% was achieved, and it was determined that 82% of the respondents were still residing in the housing where assistance had been provided by the program.

Based upon their experience, program leaders recommended an order of priority for selection of applicants, given severe limitations on funding:

1. Households with a disabled or handicapped member.
2. Households with an elderly member.

3. Households who are victims of domestic violence. (A referral from the Division of Youth and Family Services, emergency shelter agency or other social agency is required.)

4. Households which have broken up or face imminent break-up. (A recommendation from the Division of Youth and Family Services is required.)

5. Single parent households.

6. Other households with children.

7. All other households.

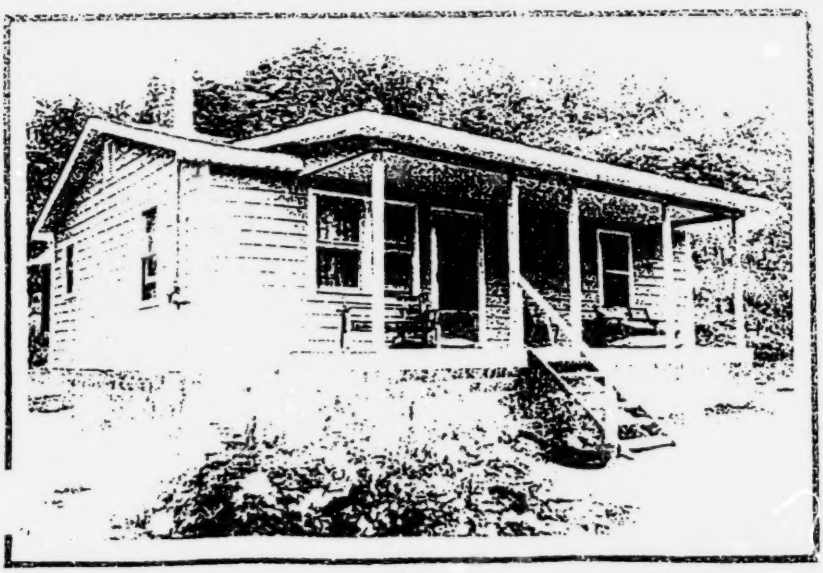
Kentucky Mountain Housing Development Corporation (KMHDC)

KMHDC is a joint effort of church groups, government agencies, and the private sector. It has worked in rural areas of Appalachia since 1973 to deal with problems of unemployment and inadequate housing. The organization has helped to build 224 new homes; 166 were financed through the U.S. government's Farmers Home Administration and the remainder through the KMHDC Home Loan Program. In addition, major repairs have been completed on another 201 homes.

KMHDC clients, whose household incomes in 1986 averaged only $6,300, provide sweat equity to build or repair their own homes. The average loan for Farmers Home or HUD-supported new homes was $28,433 and only $15,833 for houses financed by KMHDC. For major rehabilitation projects the average loan is about $7,100.

The illustrations on the following pages show a typical floor plan for a 3-bedroom KMHDC Home Loan house and the photographs document the dramatic change in housing standards achieved through the Home Loan program.

Before



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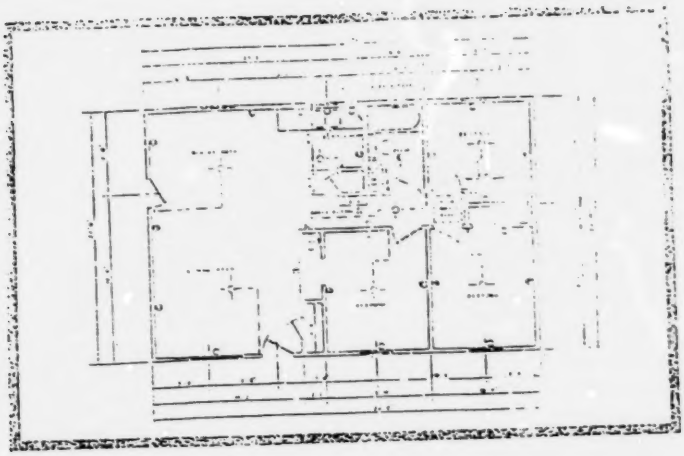


Typical Floor Plan For 3 Bedroom
HOME Loan House

Old House Where Baker Family Lived

New HOME Loan House Built
For Frank Baker Family

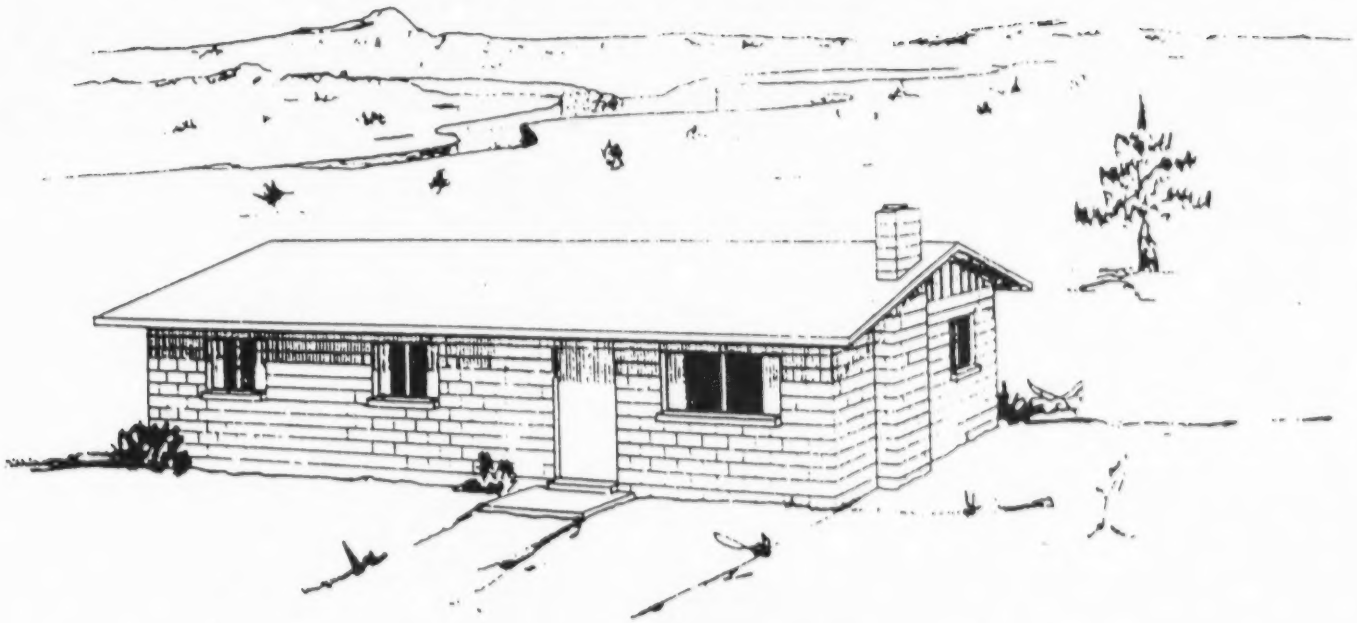
The KMHDC's Annual Report includes the following profile of a typical client:

> The Frank Baker family, a family of six with an annual income of $6,000 is one of 10 families to benefit from our HOME loan fund this year. Frank was run over by his own truck rig while making some mechanical repairs, breaking many bones in his back and pelvic area. Although the doctors told Frank he would never walk again, within two years after the accident Frank was working hard and supporting his family.
>
> Unfortunately this is a success story with a sad ending. Frank's accident precipitated a crippling arthritic condition which is progressively becoming more debilitating. Frank does hard physical labor, construction and heavy equipment repair. When he works he suffers.
>
> Frank is no quitter. Being a veteran he has requested training for a job he can handle. At the age of 50 Frank is excited about going back to school so that he can earn a living for his family.

The Utah Navajo Development Council (UNDC)

Established as a private non-profit organization in 1971, the UNDC builds homes for low-income Indians on the vast Navajo Reservation. The UNDC's philosophy is to encourage self-reliance. It offers programs in education for children and adults as well as for the developmentally disabled; services also include vocational training, health clinics, and housing. In 1986 the UNDC completed 31 new homes at an average cost of $12,500; land is not included, as there is no land cost incurred. Homes are 960 square feet, with two or three bedrooms, some with fireplace, as shown on the floor plan on the following page. Virtually all of the funding for these homes comes from UNDC, which earns revenue from its mineral resources and the sale of livestock.

Tony Dayish. UNDC housing director, attributes his program's success to a "no frills approach" which provides quality housing, but without expensive trim or appliances. In addition, the council effects savings by operating a job training program which enables families to participate in the construction of their own homes, after they have completed courses offered by the tribe. Among those who have moved into new homes are Mary Louise Dee, a single mother with two children. She is receiving Welfare assistance and has an annual income of $3,612. Another is Emma Benally, a widow with two dependents. Her annual income from Social Security is $3,408. Robert and Sally Chief also moved into a new home recently. They have nine dependents and a total income of $4,607 from General Assistance.



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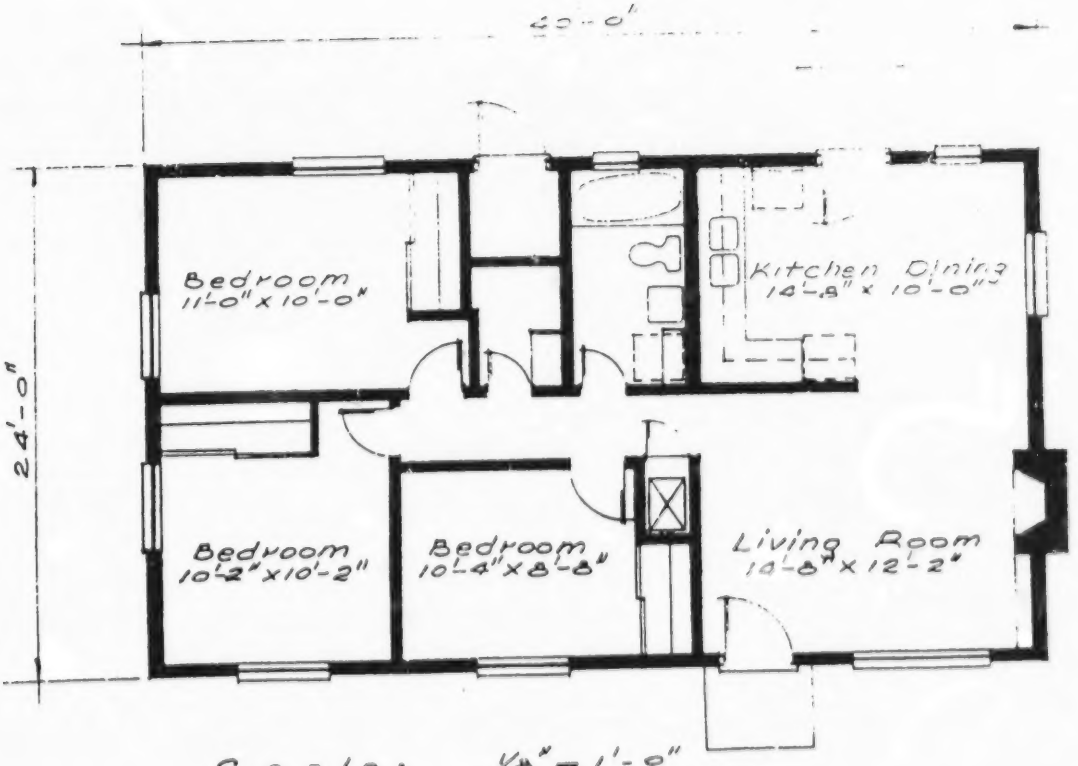

Scale: 1/8" = 1'-0"

HOME PRODUCED BY THE UTAH NAVAJO DEVELOPMENT COUNCIL

The Local Initiatives Support Corporation (LISC) and the Enterprise Foundation

LISC is a national non-profit organization which is a joint effort of the Ford Foundation and six major private insurance, industrial and banking firms. The funding provided by these sources amounts to about $10 million, roughly half of which came from the Ford Foundation. Since 1979 LISC has generated contributions from over 260 private corporations, foundations and government agencies. Total assets now exceed $100 million.

LISC's objective is to assist non-profit groups who are intent on revitalizing their communities. The assistance provided includes design and operation of projects, aid in securing financing and government support, and help in raising money from local corporate sources.

Among the projects financed by LISC is the Chicago Housing Partnership, which leverages private and public funds to rehabilitate the homes of low- or moderate-income homeowners in the city's Black Belt.

A similar effort has been underway since 1981 by the Enterprise Foundation, which provides capital and expertise to enable local non-profits to improve their own neighbourhoods. The Foundation now has active projects in more than 20 cities.

Habitat for Humanity, Georgia

Habitat for Humanity, a church-based housing development group, has been operating since 1976. It now has projects in 141 cities or towns in the United States and Canada as well as in 16 developing countries. Habitat is funded by donations from foundations, firms, or individuals; government grants are not accepted. The organization provides volunteers to locally run groups interested in building housing and renewing communities. Homes are built

through a combination of "sweat equity" by prospective homeowners, by volunteer labour, and by paid workers. All dwellings are sold on a no-profit basis, and are paid for over 20-25 years with no interest charged.

Habitat has done considerable work with solar energy and construction techniques to reduce costs. (The average cost of dwellings produced in the United States in 1986 was $24,000.) It also works with local groups in such areas as cooperative management of multi-family units.

Tampa Infill Housing Program, Florida

This program has been operating since 1981 to provide single family homes for lower-income households under the Community Development Block Grant program (with funds provided by the U.S. Department of Housing and Urban Development).

The city began by identifying a neighbourhood where 50 homes had deteriorated to the point where demolition was necessary. The properties were purchased and the occupants relocated to improved housing elsewhere in the city. The homes were then demolished and the sites cleared for redevelopment.

Private developers then built new houses on these properties, which were then sold to certified lower-income families. Applicants were screened on the basis of income and ability to repay. The city considers this public/private sector joint venture a success and is now replicating it in other neighbourhoods.

The Massachusetts Approach to Homelessness

As an example of the achievements of one particular state, the experience of Massachusetts has been exemplary. Chapter 450, "An Act to Prevent Destitution

and Homelessness," was enacted in October 1983. As a result of this legislation:

- an individual is no longer required to have a permanent address in order to be eligible for general relief;

- emergency shelter for up to 90 days is now provided to AFDC (Aid for Dependent Children) households;

- emergency assistance funds are available to victims of natural disasters, the homeless, as well as those who have rent arrears or need funds for such items as appliance repairs;

- caps were removed on the amount of emergency assistance funding available for fuel, utilities, rent and mortgage arrears, advance rent, and security deposits;

- emergency assistance was extended to cover pregnant women;

- the Department of Social Services hired homeless specialists to provide counselling and housing assistance to homeless families;

- for families in shelters, hotels and motels, a new transitional living program has been implemented to provide support services as well as housing in order to make families more self-sufficient;

- inter-agency homeless teams have been formed to coordinate the provision of services;

- the Department of Mental Health is now required to provide case management services to ensure continuity of care -- no one may be discharged from a state psychiatric facility unless accommodation has been arranged; in order to accomplish this purpose the agency has formed a homeless coordinating unit and a homeless outreach team which works directly with people on the streets and in shelters. Other services provided include case assessment and planning,

follow-up, advocacy for clients, and direct case work including the location of housing.

To complement this legislation Massachusetts developed a comprehensive approach to homelessness. It is predicated on prevention, emergency services, supportive services, and permanent housing.

- The prevention program includes counselling with tenants and landlords to preclude people from being evicted; it provides funding for rehabilitation of multi-family housing; it protects tenants from condominium conversion; and it assists tenants in paying security deposits, back rent, utility payments, and moving expenses.

- Emergency services include refuges for battered women and the mentally ill.

- Supportive services encompass transitional living programs, education, and follow-up. The state also has employment and training projects which have moved 35,000 families off the welfare rolls.

- The State's housing programs include a housing search and information network, a rental subsidy to over 12,000 households, the creation of SROs and congregate housing for homeless individuals, and the development of dwellings for the mentally ill and other "special need" groups.

- Since 1983 Massachusetts stimulated the development of 28,671 new units of state-supported housing for low- and moderate-income people.

- State rental assistance programs have been directed to homeless families forced to live in hotels and motels.[3]

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[3] Source: Nancy Kaufman, "The Massachusetts Approach to Homelessness: Innovations in Legislation and Regulations," paper presented to IYSH Conference, Ottawa, September 16, 1987.